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BOOK 250 PAGE 876

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ALLEN COUNTY, ILL.

SEP 24 10 04 AM '63

J. H. Crook, Jr. and J. M. Smith


RETURN ADDRESS

~~CLARK COUNTY TITLE~~

700 N.E. 4th Ave., #201
Camas, WA 98607

RECEIVED

MANUFACTURED HOME APPLICATION		<small>PLEASE CHECK ONE</small> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)		
1 MANUFACTURED HOME		
TPO / PLATE NUMBER	YEAR 2003	MAKE OAKWOOD
		LENGTH/WIDTH(FEET) 52 X 27
VEHICLE IDENTIFICATION NUMBER (VIN) G00R23N26989AB		
2 LAND		
LEGAL DESCRIPTION ON PAGE _____		
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		
LOT 2	BLOCK	PLAT NAME CARLETON HEIGHTS II
		REAL PROPERTY TAX PARCEL NUMBER 02-05-33-0-0-0106-00
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		
ADDITIONAL NAMES ON PAGE _____		
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
NAME OF REGISTERED OWNER WILLIAM L. GEHRKE		
NAME OF ADDITIONAL REGISTERED OWNER		
ADDRESS 13645 SE ORIENT DRIVE, BORING, OR 97009		
		CITY OR 97009
		STATE OR
		ZIP CODE
NAME OF LEGAL OWNER OAKWOOD ACCEPTANCE CORPORATION, LLC		
NAME OF ADDITIONAL LEGAL OWNER		
ADDRESS 2222 S. DOBSON RD #304		
		CITY MESA
		STATE AZ
		ZIP CODE 85202
GRANTEE		
NAME THE PUBLIC STATE OF WASHINGTON DEPT. OF LICENSING		
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:		
Signature of Registered Owner and Title, IF APPLICABLE <i>[Signature]</i>		
Signature of Additional Registered Owner and Title, IF APPLICABLE		
NOTARY SEAL OR STAMP		
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		
State of Washington County of CLARK		Signed or attested before me on 1/23/03
by WILLIAM L. GEHRKE		<i>[Signature]</i> NOTARY OR AGENT JOY ZIMMERMAN PRINTED NAME OF NOTARY County/Office No. OR 6-19-05 Dealer No. OR Notary Expiration Date
PRINT NAME OF REGISTERED OWNER		
by		
PRINT NAME OF REGISTERED OWNER		
Title NOTARY		
DEALERSHIP POSITION/AGENT/NOTARY		
4 TITLE COMPANY CERTIFICATION		
I certify that the legal description of the land and ownership is true and correct per the real property records.		
NAME (TYPED OR PRINTED) JOY ZIMMERMAN		TITLE COMPANY / PHONE NUMBER CLARK COUNTY TITLE 360 834-2984
SIGNATURE / POSITION ESCROW OFFICER		
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.		DATE 1/23/03
5 BUILDING PERMIT OFFICE CERTIFICATION		
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described, <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.		
NAME (TYPED OR PRINTED) Marlon Morat		
BUILDING PERMIT OFFICE/PHONE # 509-427-9484		BLDG PERMIT # 52-03
SIGNATURE / POSITION <i>[Signature]</i> Bldg Inspector		DATE 9-22-03

6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE			OAKWOOD ACCEPTANCE CORPORATION LLC		
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
 <p>Notary Public State of Arizona Mericopa County Elizabeth V. Johansen Expires May 13, 2006</p>		State of Washington County of <u>MARICOPA</u>		Signed or attested before me on <u>1/30/03</u>	
		OAKWOOD ACCEPTANCE CORPORATION		Signature <u>Elizabeth V. Johansen</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by <u>U Moser</u>		PRINTED NAME OF NOTARY	
Title <u>U Moser</u>		County/Office No. OR		Dealer No. OR <u>513366</u>	
DEALERSHIP POSITION/AGENT/NOTARY		AND:		Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
<p>Lot 2, CARLETON HEIGHTS II, according to the plat thereof, recorded in Book "3" of SHORT PLATS, page 288, records of Skamania County, Washington.</p> <p>TOGETHER WITH a private road and utility easement as shown on the plat as Lewis and Carleton Road,</p>					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)			WA DEALER NUMBER	DATE OF SALE	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)					
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.					
NAME (TYPED OR PRINTED)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<u>Angela Moser</u>			<u>30-0108</u>		
SIGNATURE			DATE		
<u>Angela Moser</u>			<u>9-24-03</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.</p>					
<p>APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.</p>					
<p>For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.</p>					

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.