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150520

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TREAS

SEP 30 3 50 PM '03

J. MICHAEL GARVISON

RETURN ADDRESS

MANUFACTURED HOME APPLICATION

STATE OF WASHINGTON Department of Licensing

PLEASE CHECK ONE
- [X] TITLE ELIMINATION
- [ ] TRANSFER IN LOCATION
- [ ] 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 43.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2004	Golden	68 X 27	GIOR23 N27774 AB

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER(S) 03-08-17-4-0[illegible]-00

LOT	BLOCK	PLAT NAME	SECTION TOWNSHIP RANGE
		S17,T3N,R6E	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE 2

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER
Raymond G. Mitchell

NAME OF ADDITIONAL REGISTERED OWNER
Evelyn D. Mitchell

ADDRESS	CITY	STATE	ZIP CODE
Po Box 902	Carson	WA	98610

NAME OF LEGAL OWNER
Riverview Community Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
PO Box 1068	Camas	WA	98607

GRANTEE

NAME
DEPARTMENT 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 Raymond G. Mitchell

Signature of Additional Registered Owner and Title, IF APPLICABLE Evelyn Mitchell

NOTARY SEAL OR STAMP

Notary Public
State of Washington
JAMES R COPELAND, JR.
MY COMMISION EXPIRES
September 13,2003

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of Skamania

Signed or attested before me on 6-26-03

PRINT NAME OF REGISTERED OWNER

Signature OF NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER

PRINTED NAME OF NOTARY James R Copeland

Title Notary

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR

Notary Expiration Date 9-13-03

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) TITLE COMPANY / PHONE NUMBER

SIGNATURE / POSITION DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that:
- [ ] the manufactured home has been affixed to the real property as described.
- [X] a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
Marlon Morat	509-427-9484	141-03

SIGNATURE / POSITION	DATE
Marlon Morat Building Inspector	9-25-03

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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 _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

JAMES R. COPELAND JR. NOTARY PUBLIC STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Skamania

Signed or attested before me on 9-24-07

PRINT NAME OF LEGAL OWNER _____ Signature _____ NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER _____ PRINTED NAME OF NOTARY James R Copeland JR

Title NO Lwy DEALERSHIP POSITION/AGENT/NOTARY _____ AND: County/Office No. OR Dealer No. OR _____ Notary Expiration Date 9-17-07

7. LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

A tract of land in the Northwest Quarter of the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:
Beginning at the center of said Section 17; Thence South 89°55' East 30 feet; thence South 172 feet; thence South 89°55' East 208 feet; thence South 208 feet; thence North 89°55' West 208 feet; thence North 208 feet to the true point of beginning.

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

☐ 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
Angela Moser	30-01-98
SIGNATURE Angela Moser	DATE 9-29-07

10. TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

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.

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.

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.

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.