

150550

BOOK 251 PAGE 517

FILED TO RECORD  
STATE OF WASH  
BY **BRAMAMA CO. TIT**

RETURN ADDRESS

OCT 2 11 05 AM '03

J. MICHAEL GIVISON

STATE OF WASHINGTON  
Department of  
**Licensing****MANUFACTURED HOME  
APPLICATION**

PLEASE CHECK ONE

- ☒ 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 46.12.210)

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER <b>Z009030</b>	YEAR <b>1990</b>	MAKE <b>Champ</b>	LENGTH/WIDTH (FEET) <b>60 X 28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>8206</b>
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**2 LAND**LEGAL DESCRIPTION ON PAGE **2**MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
**02-05-27-0-0-0701-00**

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION <b>S27, T2N, R5E</b>
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER <b>30</b>	NUMBER OF REGISTERED OWNERS <b>1</b>	NUMBER OF LEGAL OWNERS <b>1</b>
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NAME OF REGISTERED OWNER **Grant Hedblom** DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS **101 Hilltop Rd** CITY **Washougal** STATE **WA** ZIP CODE **98671**NAME OF LEGAL OWNER **Eagle Home Mortgage** DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS **10510 NE Northrup Way Suite 300** CITY **Kirkland** STATE **WA** ZIP CODE **98033****GRANTEE**

NAME

Department of Licensing

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 **Grant Hedblom**

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 **Strom** Signed or attested before me on **9-5-03**by **James R. Copeland** Signature **James R. Copeland** NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER

by **James R. Copeland** PRINTED NAME OF NOTARYTitle **Notary** AND: County/Office No. OR Dealer No. OR Notary Expiration Date **9-17-07**

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) 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:

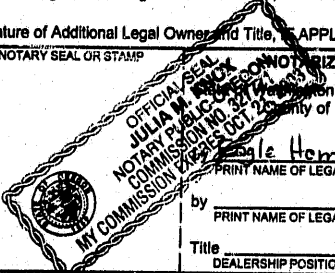
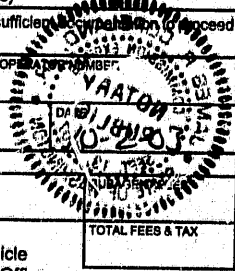
☐ the manufactured home has been affixed to the real property as described.  
☒ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #

**Marlon Morat** **509-427-9484** **175-03**

SIGNATURE / POSITION DATE

**Marlon Morat** **Building Inspector** **9-30-03**

MANUFACTURED HOME - FROM SECTION 1				
TPD/PLATE NUMBER	YEAR	MAKE	LENGTH/INCHES (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			X	
<b>6 SIGNATURE OF LEGAL OWNER</b>				
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.				
Signature of Legal Owner and Title, IF APPLICABLE <u>Paul A. Lattin SR</u>				
Signature of Additional Legal Owner and Title, IF APPLICABLE _____				
NOTARY SEAL OR STAMP				
				
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			Signed or attested before me on <u>9/15/03</u>	
PRINT NAME OF LEGAL OWNER <u>Paul A. Lattin</u>			Signature <u>Julia M. Knox</u>	
by _____			NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER _____			PRINTED NAME OF NOTARY <u>Julia M. Knox</u>	
Title _____			County/Office No. OR _____	
DEALERSHIP POSITION/AGENT/NOTARY _____			AND: Dealer No. OR <u>10/21/03</u>	
Notary Expiration Date _____				
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>				
A tract of land in the Northwest Quarter of Section 27, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the Melvin L. Eades Short Plat, recorded in Book 2 of Short Plats, Page 70, Skamania County Records.				
<b>8 DEALER'S REPORT OF SALE</b>				
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).				
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>				
I certify that the above application appears to have been completed correctly, and the applicant has sufficient cash to proceed with the recording of this form.				
NAME (TYPED OR PRINTED) <u>Angela Rose</u>		COUNTY OFFICE/FS OFFICE NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Rose</u>				
<b>10 TITLE FEES</b>				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
TOTAL FEES & TAX				
<b>IMPORTANT:</b> 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.				
<b>APPLICANTS:</b> 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 TTY (360) 604-8885.