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FILED FOR RECORD  
SKAMANIA CO. WASH  
B. SKAMANIA CO. TITLE

RETURN ADDRESS

Oct 22 9 09 AM '03

Amoser  
J. MICHAEL CARVISON

| STATE OF WASHINGTON<br>Department of<br><b>Licensing</b>   |                                  | <b>MANUFACTURED HOME<br/>APPLICATION</b>                      |                                | PLEASE CHECK ONE  |  |
|--|----------------------------------|---|--------------------------------|---|--|
| 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) |                                  |   |                                |   |  |
| <b>1 MANUFACTURED HOME</b>   |                                  |   |                                |   |  |
| TPO / PLATE NUMBER<br>6250743  | YEAR<br>1999                     | MAKE<br>FLTWD   | LENGTH/WIDTH (FEET)<br>48 X 28 | VEHICLE IDENTIFICATION NUMBER (VIN)<br>FLW48AB52228BS13 |  |
| <b>2 LAND</b>  |                                  |   |                                |   |  |
| LEGAL DESCRIPTION ON PAGE 2  |                                  |   |                                |   |  |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED   |                                  |   |                                |   |  |
| REAL PROPERTY TAX PARCEL NUMBER<br>03-07-36-20-00-008-00   |                                  |   |                                |   |  |
| LOT<br>70  | BLOCK                            | PLAT NAME OR SECTION/TOWNSHIP/RANGE<br>Iman Park Creek Tracts |                                | QUARTER/SECTION   |  |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>  |                                  |   |                                |   |  |
| ADDITIONAL NAMES ON PAGE   |                                  |   |                                |   |  |
| COUNTY NUMBER<br>30  | NUMBER OF REGISTERED OWNERS<br>1 |   | NUMBER OF LEGAL OWNERS<br>1    |   |  |
| NAME OF REGISTERED OWNER<br>Julie Mayfield   |                                  |   |                                |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                                  |   |                                |   |  |
| NAME OF ADDITIONAL REGISTERED OWNER  |                                  |   |                                |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                                  |   |                                |   |  |
| ADDRESS<br>425<br>PO Box 3491  |                                  |   |                                |   |  |
| CITY<br>STEVENSON  |                                  |   |                                |   |  |
| STATE<br>WA  |                                  |   |                                |   |  |
| ZIP CODE<br>98509-98648  |                                  |   |                                |   |  |
| NAME OF LEGAL OWNER<br>Washington Mutual Bank  |                                  |   |                                |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                                  |   |                                |   |  |
| NAME OF ADDITIONAL LEGAL OWNER   |                                  |   |                                |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                                  |   |                                |   |  |
| ADDRESS<br>3060 139th Ave SE Ste 200   |                                  |   |                                |   |  |
| CITY<br>Bellevue   |                                  |   |                                |   |  |
| STATE<br>WA  |                                  |   |                                |   |  |
| ZIP CODE<br>98005  |                                  |   |                                |   |  |
| GRANTEE<br>NAME<br>State of Washington   |                                  |   |                                |   |  |
| 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: Julie Mayfield   |                                  |   |                                |   |  |
| Signature of Additional Registered Owner and Title, IF APPLICABLE:   |                                  |   |                                |   |  |
| <b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>  |                                  |   |                                |   |  |
| State of Washington<br>County of Skamania  |                                  |   |                                |   |  |
| Signed or attested before me on 10/03/03   |                                  |   |                                |   |  |
| by Julie Mayfield  |                                  |   |                                |   |  |
| PRINT NAME OF REGISTERED OWNER   |                                  |   |                                |   |  |
| Signature Julie A. Andersen  |                                  |   |                                |   |  |
| NOTARY O.T.A. SENT   |                                  |   |                                |   |  |
| by Julie A. Andersen   |                                  |   |                                |   |  |
| PRINTED NAME OF NOTARY   |                                  |   |                                |   |  |
| Title Notary   |                                  |   |                                |   |  |
| AND: County/Office No. OR Dealer No. OR Notary Expiration Date 7-17-2006   |                                  |   |                                |   |  |
| <b>4 TITLE COMPANY CERTIFICATION</b>   |                                  |   |                                |   |  |
| 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.   |                                  |   |                                |   |  |
| <b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>  |                                  |   |                                |   |  |
| I certify that:  |                                  |   |                                |   |  |
| <input type="checkbox"/> the manufactured home has been affixed to the real property as described.   |                                  |   |                                |   |  |
| <input type="checkbox"/> a building permit has been issued and the attachment will be inspected upon completion.   |                                  |   |                                |   |  |
| NAME (TYPED OR PRINTED) DAVENAIL   |                                  |   |                                |   |  |
| BLDG PERMIT # 427-5970   |                                  |   |                                |   |  |
| SIGNATURE / POSITION Dave Nail Building Inspector  |                                  |   |                                |   |  |
| DATE 10/15/03  |                                  |   |                                |   |  |

| MANUFACTURED HOME - FORM SECTION 1   |                           |   |  |  |                  |
|--|---------------------------|---|--|--|------------------|
| TPO/PLATE NUMBER<br><b>8250743</b>   | YEAR<br><b>1999</b>       | MAKE<br><b>FLTRD</b>  | LENGTH/WIDTH/FEET<br><b>48X28</b>                    | VEHICLE IDENTIFICATION NUMBER (VIN)<br><b>F1W48AB52228BS13</b> |                  |
| 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 <i>[Signature]</i>   |                           |   |  |  |                  |
| Signature of Additional Legal Owner and Title, IF APPLICABLE   |                           |   |  |  |                  |
|  |                           | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE<br>State of Washington<br>County of <u>King</u><br>Signed or attested before me on <u>10-8-03</u><br>by <u>Linda Rouse</u><br>PRINT NAME OF LEGAL OWNER<br>Signature <i>[Signature]</i><br>NOTARY OR AGENT<br>PRINTED NAME OF LEGAL OWNER<br>Title <u>Notary</u><br>DEALERSHIP POSITION/AGENT/NOTARY<br>PRINTED NAME OF NOTARY<br>AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>12-9-04</u> |  |  |                  |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)   |                           |   |  |  |                  |
| Lot 20 of the IMAN ROCK CREEK TRACTS, according to the official Plat thereof, on file and of record at Page 118 of Book 'A' of Plats, Records of Skamania County, Washington.  |                           |   |  |  |                  |
| 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 DEALSR. 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)<br><u>Angela Moser</u>   |                           |   | COUNTY OFFICE/VFS OPERATOR NUMBER<br><u>30-01-08</u> |  |                  |
| SIGNATURE<br><i>[Signature]</i>  |                           |   | DATE<br><u>10-22-03</u>                              |  |                  |
| 10 TITLE FEES  |                           |   |  |  |                  |
| FILING FEE   | APPLICATION               | MOBILE HOME FEE   | ELIMINATION FEE                                      | USE TAX  | SUBAGENT FEES    |
|  |                           |   |  |  | 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) 664-8885.