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BOOK 253 PAGE 846

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

Nov 5 4 02 PM '03
AUD FOR
J. MICHAEL GARVISON

RETURN ADDRESS

STATE OF WASHINGTON
Department of
Licensing

MANUFACTURED HOME APPLICATION

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)
$46998	1979	FLTWD	60 X 24	1DFL28946041492

2 LAND LEGAL DESCRIPTION ON PAGE ____

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 03-08-17-2-0-0152-00

LOT	BLOCK	PLAT NAME	SECTION
3		Moser Acres	

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

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

NAME OF REGISTERED OWNER: James G. Cowan

NAME OF ADDITIONAL REGISTERED OWNER: Shirley D. Cowan

ADDRESS: PO Box 1096 CITY: Carson STATE: WA ZIP CODE: 98610

NAME OF LEGAL OWNER: Long Beach Mortgage Company

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 4160 Dublin Blvd #400 CITY: Dublin STATE: CA ZIP CODE: 94568

GRANTEE

NAME: DEPARTMENT OF LICENISNG

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: Shirley D. Cowan

Signature of Additional Registered Owner and Title, IF APPLICABLE: James G. Cowan

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania

Signed or attested before me on 6-23-03

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

PRINT NAME OF REGISTERED OWNER

Signature NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER

James R Copeland JR
PRINTED NAME OF NOTARY

Title Notary
OWNERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR 9-13-03
Notary Expiration Date

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:
- [X] 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	

SIGNATURE / POSITION: Marlon Morat, Building Inspector DATE: 9-15-03

TD-420-728 MANUF HOME APPL (REV 8/00)(OR) Page 1 of 2

BOOK 253 PAGE 847

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

LOURDES D. GALANG
Commission # 1321734
Notary Public - California
Contra Costa County
My Comm. Expires Oct 12, 2005

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER (S) SIGNATURE

State of Washington / California

County of Alameda / Contra Costa

Signed or attested before me on 7/22/03

by Jan Weisbrod
PRINT NAME OF LEGAL OWNER

Signature Lourdes D. Galang
NOTARY OR AGENT

by _____
PRINT NAME OF LEGAL OWNER

Lourdes D. Galang
PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

County Office No. OR Dealer No. OR Notary Expiration Date 10/12/05

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

Lot 3, Moser Acres According to the recorded Plat thereof, recorded in Book 'B', Page 54, in the County of Skamania, State of 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 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	30-01-08

SIGNATURE	DATE
Angela Moser	11-5-03

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) 902-3500 or TDD (360) 664-8885.