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

DEC 3 3 36 PM '03
AUDITOR
J. MICHAEL GARVISON

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] TITLE ELIMINATION
- [ ] TRANSFER IN LOCATION
- [X] 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	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
G107988	1997	GOLDE	66 X 27	GWOR23N18244

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NO. 02-05-30-0-0-13[redacted]

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			S30, T2N, R5E

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

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

NAME OF REGISTERED OWNER
Bruce L. Kincaid
NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
521 Panda Road	Washougal	WA	98671

NAME OF LEGAL OWNER
Town Center Bank
NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
217 SE 136th Ave. #105	Vancouver	WA	98684

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 [signature]

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY PUBLIC STAMP: JULIE A. ANDERSEN, NOTARY PUBLIC, STATE OF WASHINGTON, COMMISSION EXPIRES JULY 17, 2006

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania — Signed or attested before me on 7/8/03

by Bruce L. Kincaid (PRINT NAME OF REGISTERED OWNER) Signature [signature] (NOTARY OR AGENT)

by _____ (PRINT NAME OF REGISTERED OWNER) Julie A. Andersen (PRINTED NAME OF NOTARY)

Title Notary (DEALERSHIP POSITION/AGENT/NOTARY) AND: County/Office No. OR Dealer No. OR Notary Expiration Date 7/17/2006

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	34497

SIGNATURE / POSITION: Marlon Morat, Building Inspector — DATE: 12-2-03

TR-420-729 MANUF HOME APPL (R/09/04)OR Page 1 of 2

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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 Christine Lyons

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

Notary Public
State of Washington
Marie M. Walsh
My Appointment Expires May 24, 2004

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Clark

Signed or attested before me on July 10, 2003

by Town & Country Bank
PRINT NAME OF LEGAL OWNER

Signature of NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER

Marie M. Walsh
PRINTED NAME OF NOTARY

Title Notary
DEALERSHIP POSITION/AGENT/NOTARY

County Office No. OR
AND: Dealer No. OR 5/24/04
Notary Expiration Date

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

The Northeast Quarter of the Northwest Quarter of the Southeast Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, 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
Ariela Moser	30-01-08

SIGNATURE	DATE
Ariela Moser	12-3-03

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) 902-3600 or TDD (360) 664-8885.

UNOFFICIAL DOCUMENT