

151471

BOOK 255 PAGE 640

FILED
SPRINGFIELD, WASH
BY CLARK COUNTY TITLE

RETURN ADDRESS

CLARK COUNTY TITLE

1307B NE 78th STREET #12

VANCOUVER, WA 98665

ATTN: JAN #91694

DEC 16 9 47 AM '03

J. MICHAEL J. JOHNSON

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		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)				<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER #65794	YEAR 1994	MAKE HALLM	LENGTH/WIDTH (FEET) 28 X 52	VEHICLE IDENTIFICATION NUMBER (VIN) 11819875AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 01-05-08-0-0-0903-00	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE #903, Sec 8, T1N, R5 EWM	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER SKAMANIA		NUMBER OF REGISTERED OWNERS FOUR		NUMBER OF LEGAL OWNERS C.E	
NAME OF REGISTERED OWNER JUDY M. WILEY					
NAME OF ADDITIONAL REGISTERED OWNER STEVEN D. CALLISON					
ADDRESS 151 UNALAKLEET ROAD		CITY WASHOUGAL	STATE WA	ZIP CODE 98671	
NAME OF LEGAL OWNER WASHINGTON MUTUAL BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 5300 SW MEADOWS ROAD #450		CITY LAKE OSWEGO	STATE OR	ZIP CODE 97035	
GRANTEE					
NAME STATE OF WASHINGTON, 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 <i>Judy M. Wiley</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Steven D. Callison</i>					
NOTARY SEAL & R STAMP		NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of CLARK		Signed or attested before me on 12-15-03			
by JUDY M. WILEY AND PRINT NAME OF REGISTERED OWNER		Signature <i>[Signature]</i>			
STEVEN D. CALLISON PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT JAN SOUTHARD			
Title NOTARY		PRINTED NAME OF NOTARY			
DEALERSHIP POSITION / AGENT / NOTARY		AND: County / Office No. OR 10/10/06 Dealer No. OR 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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) Marlon Morat		BLDG PERMIT OFFICE / PHONE # 509-422-9484		BLDG PERMIT #	
SIGNATURE / POSITION <i>Marlon Morat</i>		DATE 12-9-03		Building Inspector	

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 BY: Washington Mutual Bank
(signature) (title)

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington OREGONCounty of ClackamasSigned or attested before me on 10.17.03by Suzanne Hau
PRINT NAME OF LEGAL OWNERSignature Lerae Hunt
NOTARY OF AGENTby _____
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title notary
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR 10300
Dealer No. OR _____
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

SEE ATTACHED LEGAL DESCRIPTION.

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

SIGNATURE

DATE

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 (800) 902-3600 or TDD (360) 664-8885.



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:

- ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: Property Tax Parcel Number #903 SEC 8 T1N R5E WM

Legal Description:

BEGINNING at the Northeast corner of the Southeast quarter of the Northeast quarter of Section 8, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County, Washington; thence South 1°40'35" West along the East line of said Section 8, a distance of 175.00 feet to the True Point of Beginning; thence North 82°25'20" West a distance of 511.71 feet; thence South 1°40'35" West a distance of 1308 feet, more or less, to the North line of Mt. Pleasant Road; thence Easterly along the North line of said Mt. Pleasant Road to the East line of Section 8; thence North 1°40'35" East, along the East line of said Section 8, a distance of 1067 feet, more or less, to the True Point of Beginning.

OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- ☐ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

01-05-08-0-0-0903-00

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)			
NAME OF REGISTERED OWNER ALAN W. CALLISON	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF REGISTERED OWNER JANET M. CALLISON	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER		
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SIGNATURE OF REGISTERED OWNER(S)			
SIGNATURE OF REGISTERED OWNER	DATE		
<i>Alan W. Callison</i>	10-15-03		
SIGNATURE OF REGISTERED OWNER	DATE		
<i>Janet M. Callison</i>	10-15-03		
SIGNATURE OF REGISTERED OWNER	DATE		
SIGNATURE OF REGISTERED OWNER	DATE		
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SIGNATURE OF REGISTERED OWNER	DATE		
<table border="1"> <tr> <td>NOTARY SEAL OR STAMP</td> <td> NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of <u>CLARK</u> Signed or attested before me on <u>10-15-03</u> Signature <i>Jan Southard</i> Notary or Agent Printed name of Applicant ALAN W. CALLISON AND JANET M. CALLISON Printed name of Notary JAN SOUTHARD Dealer No. OR AND: County/Office No. OR Notary Expiration Date <u>10/10/06</u> NOTARY Dealership Position: <u>Agent/Notary</u> </td> </tr> </table>		NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of <u>CLARK</u> Signed or attested before me on <u>10-15-03</u> Signature <i>Jan Southard</i> Notary or Agent Printed name of Applicant ALAN W. CALLISON AND JANET M. CALLISON Printed name of Notary JAN SOUTHARD Dealer No. OR AND: County/Office No. OR Notary Expiration Date <u>10/10/06</u> NOTARY Dealership Position: <u>Agent/Notary</u>
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