

151717

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

JAN 14 11 28 AM '04

Amosee
J. MICHAEL GARVISON

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE.	
<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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 48.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
6196569	2001	SKYLI	38 X 28	9U910494N	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-07-25-4-0-0106-00					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
6		Yeager Haven			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
To	2		1		
NAME OF REGISTERED OWNER					
Clifford D. Shippentower					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
Alice E. Shippentower					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
PO Box 105					
CITY					
Stevenson					
STATE					
WA					
ZIP CODE					
98648					
NAME OF LEGAL OWNER					
Wells Fargo Home Mortgage, Inc.					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
10220 SW Greenburg Ste 501					
CITY					
Portland					
STATE					
OR					
ZIP CODE					
97223					
GRANTEE					
NAME					
Department of Licensing					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE					
Clifford D. Shippentower					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
Alice E. Shippentower					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of Skamania					
Signed or attested before me on 11/10/03					
by Clifford D. Shippentower					
PRINT NAME OF REGISTERED OWNER					
Signature Julie A. Andersen					
NOTARY OR AGENT					
by Alice E. Shippentower					
PRINT NAME OF REGISTERED OWNER					
Signature Julie A. Andersen					
PRINTED NAME OF NOTARY					
Title Notary					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR					
Dealer No. OR					
Notary Expiration Date 7/1/2006					
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.					
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)					
Bldg Permit Office/Phone #					
Bldg Permit #					
DATE					
1-12-04					

MANUFACTURED HOME - FROM SECTION 1					
TPD/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
			X		
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>Debra Kaye Linn Clark</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of <i>Washington</i>		Signed or attested before me on <i>12/30/03</i>		
	County of <i>Washington</i>		by <i>Luis Laran Home Mtg</i> Signature <i>Julie L. Mecher</i>		
	PRINTED NAME OF LEGAL OWNER		NOTARY OR AGENT		
	OFFICIAL SEAL JULIE L. MECHER NOTARY PUBLIC - WASHINGTON COMMISSION NO. 387746 MY COMMISSION EXPIRES <i>12/31/04</i>		PRINTED NAME OF NOTARY <i>Julie L. Mecher</i>		
	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <i>12/31/04</i>				
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 6, YEAGER HAVEN, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 134, 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			
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/VPS OPERATOR NUMBER		DATE	
<i>Angela Moser</i>		<i>30-01-08</i>		<i>1-14-04</i>	
SIGNATURE					
<i>Angela Moser</i>					
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) 902-3000 or TTY (360) 664-8885.