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

JAN 14 11 39 AM '04
AUDITOR
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 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
ZD37287	1992	Oakma	56 X 28	06910388E

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 02-05-19-0-0-0802-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
1		Malfait Short Plat No 4	

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: Merle R. Snoen

NAME OF ADDITIONAL REGISTERED OWNER: Deborah K. Snoen

ADDRESS: 41 Loretta Road CITY: Washougal STATE: WA ZIP CODE: 98671

NAME OF LEGAL OWNER: Washington Mutual

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 900 S. 2nd Street CITY: Coos Bay STATE: OR ZIP CODE: 97420

GRANTEE

NAME: DEPARTMENT OF LICENSING

I/WE 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: Merle R. Snoen

Signature of Additional Registered Owner and Title, IF APPLICABLE: Deborah K. Snoen

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

Notary Public
State of Washington
JAMES R COPELAND JR
MY COMMISSION EXPIRES
September 16,2003

State of Washington County of Skamania

Signed or attested before me on 2-6-03

PRINT NAME OF REGISTERED OWNER

Signature of NOTARY OR AGENT

James R. Copeland JR
PRINTED NAME OF NOTARY

Title Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9-13-07

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): Marlon Nomat BLDG PERMIT OFFICE/PHONE #: 509-427-9484 BLDG PERMIT #

SIGNATURE / POSITION: Marlon Nomat Building Inspector DATE: 2-19-03

TD-420-729 MANUF HOME APPL (R/B/96)OR Page 1 of 2

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: Sue Robinson, Loan Coordinator

Signature of Additional Legal Owner and Title, IF APPLICABLE:

NOTARY SEAL OR STAMP

OFFICIAL SEAL
LARELLE R. HEYL
NOTARY PUBLIC-OREGON
COMMISSION NO. 331257
MY COMMISSION EXPIRES FEB. 8, 2004

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington / Oregon
County of Coos

Signed or attested before me on 2-11-03

by Washington Mutual Bank (PRINT NAME OF LEGAL OWNER)

Signature (NOTARY OR AGENT): Larelle R Heyl

by Sue Robinson (PRINT NAME OF LEGAL OWNER)

PRINTED NAME OF NOTARY: Larelle R Heyl

Title: Loan Coordinator (DEALERSHIP POSITION/AGENT/NOTARY)

AND: County Office No. OR Dealer No. OR

Notary Expiration Date 2-8-04

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

A tract of land in the North Half of the Southeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:
Lot 1 of the Malfait Short Plat No. 4 recorded in Book 3 of Plats, Page 16, Skamania County Short Plat records.
Excepting therefrom that portion conveyed to Skamania County by Deed recorded January 12, 1994 in Book 140, Page 823, Auditor File No. 118482.

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	1-14-04

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT

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.