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BOOK 256 PAGE 984

FILED
SKAT
BY Gary Talbot
JAN 26 9 22 AM '04
CANDLER

J. MICHAEL

RETURN ADDRESS

GARY TALBOT
C/O SUSAN K MILLER
CASCADE TITLE CO OF CLARK COUNTY
501 SE COLOMBIA SQUARE BLVD. STE 500
VANCOUVER, WASH. 98106
PH. 360 695-1301

| 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 45.12.210) | | | | <input type="checkbox"/> TITLE ELIMINATION | |
| | | | | <input type="checkbox"/> TRANSFER IN LOCATION | |
| | | | | <input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH (FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| 9A1276B | 1990 | GOLDEN WST | 64X36 | C89327 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE 2 | | | | | |
| MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 02-05-20-0-0-021300 | | | | | |
| LOT | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE | | |
| 1 | - | WEST FORK ESTATES | S80 215 | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| COUNTY NUMBER | | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | |
| 30 | | ONE | | ONE | |
| NAME OF REGISTERED OWNER | | | | | |
| GARY GARDEN TALBOT | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| NONE | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| 1101 MATTHEWS RD. | | WASHOUGAL | WA. | 98671 | |
| NAME OF LEGAL OWNER | | | | | |
| NA | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| NA | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| | | | | | |
| GRANTEE | | | | | |
| NAME | | | | | |
| STATE OF WASHINGTON DEPT OF LICENSING | | | | | |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: | | | | | |
| Signature of Registered Owner and Title, IF APPLICABLE | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | |
|  | | Signed or attested before me on 01-15-04 Signature: Carol A. Larker PRINTED NAME OF NOTARY: CAROL A. LARKER County/Office No. OR: 015126 Dealer No. OR: 015126 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 | | | |
| SUSAN K MILLER - CASCADE TITLE CO. | | 360-695-1301 | | | |
| SIGNATURE / POSITION | | DATE | | | |
| Susan K Miller Escrow Officer | | 1/15/2004 | | | |
| 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 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) | | BUILDING PERMIT OFFICE/PHONE # | | BLOG PERMIT # | |
| | | | | | |
| SIGNATURE / POSITION | | DATE | | | |
| | | | | | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|
| 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 | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | | |
| | State of Washington County of _____ | Signed or attested before me on _____ | |
| | by _____ PRINT NAME OF LEGAL OWNER | Signature _____ NOTARY OR AGENT | |
| | by _____ PRINT NAME OF LEGAL OWNER | PRINTED NAME OF NOTARY _____ | |
| | Title _____ | County/Office No. OR AND: Dealer No. OR Notary Expiration Date _____ | |
| DEALERSHIP POSITION/AGENT/NOTARY | | | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | |
| <p>Lot 1 of West Fork Estates Phase III, recorded under Auditor's File No. 90585, in Book 2 of Short Plats, at page 161, records of Skamania County, Washington</p> | | | |
| 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 | |
| <input type="checkbox"/> 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 / FS OPERATOR NUMBER | |
| Angela Mose | | 20-0108 | |
| SIGNATURE | | DATE | |
| Angela Mose | | 6/16/04 | |
| 10 TITLE FEES | | | |
| FILING FEE | APPLICATION | MOBILE HOME FEE | ELIMINATION FEE |
| | | | USE TAX DRIVER'S FEE / SUBAGENT FEES |
| | | | TOTAL FEES & TAX |
| <p>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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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.</p> </div> <p>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.</p> | | | |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 602-3800 or TDD (360) 664-8865.