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BOOK 257 PAGE 50

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J. MICHAEL KRAMER

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RETURN ADDRESS

STATE OF WASHINGTON

Licensing**MANUFACTURED HOME APPLICATION****PLAT ELIMINATION**
☐ TRANSFER IN LOCATION
☐ INTERVAL 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 46.12.010

MANUFACTURED HOME

TPO / PLATE NUMBER: 8216945 YEAR: 2002 MAKE: FLINT LENGTH / WIDTH (FEET): 56 X 27 VEHICLE IDENTIFICATION NUMBER (VIN): 0RFL148284485HT13

LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
02-07-20-0-0-0220-00

LOT: 6 BLOCK: PLAT NAME IN SECTION/TOWNSHIP/RANGE: Green Acres QUARTER/QUARTER SECTION:

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

COUNTY NUMBER: 30 NUMBER OF REGISTERED OWNERS: 2 NUMBER OF LEGAL OWNERS: 1

NAME OF REGISTERED OWNER: Kimberly A. Martin DOL CUSTOMER ACCOUNT NUMBER:

NAME OF ADDITIONAL REGISTERED OWNER: Steve J. Martin DOL CUSTOMER ACCOUNT NUMBER:

ADDRESS: PO Box 514 CITY: Stevenson STATE: WA ZIP CODE: 98648

NAME OF LEGAL OWNER: UNION PLANTERS BANK DOL CUSTOMER ACCOUNT NUMBER:

NAME OF ADDITIONAL LEGAL OWNER: DOL CUSTOMER ACCOUNT NUMBER:

ADDRESS: 4201 NE 66th Avenue #101 CITY: Vancouver STATE: WA ZIP CODE: 98661

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: Kimberly A. Martin

Signature of Additional Registered Owner and Title, IF APPLICABLE: Steve J. Martin

NOTARY PUBLIC
JAMES A. COPELAND, JR.
STATE OF WASHINGTON
COUNTY OF SKAGAMAWA
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington
County of Skagamawa
Signed or attested before me on 12-16-03

PRINT NAME OF REGISTERED OWNER: Signature: James A. Copeland Jr.

PRINT NAME OF REGISTERED OWNER: James A. Copeland Jr.

Title: Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 9-11-07

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 CERTIFICATIONI certify that: ☒ 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): DAVID NAIL BLDG PERMIT OFFICE/PHONE #: 427-8182 BLDG PERMIT #:

SIGNATURE / POSITION: David Nail Building Inspector DATE: 1/23/04

MANUFACTURED HOME - FROM SECTION 1				
TPO/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 <u>Theresa Grammatico</u>				
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Theresa Grammatico, Branch Manager</u>				
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE		
		State of Washington		
		County of <u>Clark</u>		
		Signed or attested before me on <u>1/20/08</u>		
		Signature <u>Theresa Grammatico</u>		
		PRINT NAME OF LEGAL OWNER		
		Signature <u>Robin Snyder</u>		
		NOTARY OR AGENT		
		PRINTED NAME OF NOTARY <u>ROBIN SNYDER</u>		
		Title <u>Notary Public</u>		
		AND: County/Office No. OR <u>5/15/05</u>		
		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)				
Lot 6 of the Green Acres Subdivision, according to the recorded plat thereof, recorded in Book 'B' of Plats, Page 82, 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		
<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/VS OPERATOR NUMBER		
<u>Angela Moser</u>		<u>30-01-08</u>		
SIGNATURE		DATE		
<u>Angela Moser</u>		<u>1/20/08</u>		
10 TITLE FEES				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				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 TTY (360) 664-8885.