

131287

BOOK 176 PAGE 48

FILED IN RECORD  
SKANAWAY WASH  
IN SKANAWAY CO. TITLE

RETURN ADDRESS

APR 22 10 34 AM '98

*Angelo Maser*  
AUDITOR

GARY M. OLSON

| STATE OF WASHINGTON<br>licensing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | MANUFACTURED HOME<br>APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>PLEASE CHECK ONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>1 MANUFACTURED HOME</b><br>TO/PLATE NUMBER / YEAR: <u>014 787</u> / <u>1987</u><br>MAKE: <u>EPARK</u> LENGTH-WIDTH-HEIGHT: <u>70</u> X <u>28</u> VEHICLE IDENTIFICATION NUMBER (VIN): <u>11812234</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>2 LAND</b><br>MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED    ADDITIONAL LEGAL DESCRIPTION ON PAGE <u>3</u><br>LOT:    BLOCK:    PLAT NAME:    PROPERTY TAX PARCEL NUMBER: <u>03-08-27-3-0-0109-00</u><br>SECTION/TOWNSHIP/RANGE:    APPLICATION:    TITLE FEES:    PLUNG FEE:    MOBILE HOME FEE:    ELIMINATION FEE:    USE TAX:    SUB-AGENT FEES:    TOTAL FEES & TAX: |  |
| A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| SW 1/4 OF S27, T3N, R8E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>3 GRANTOR(S) REGISTERED LEGAL OWNER(S)</b><br>COUNTY:    INCORPORATED:    UNINCORPORATED:    ADDITIONAL NAMES ON PAGE:    # REGISTERED OWNERS:    # LEGAL OWNERS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DOL CUSTOMER ACCOUNT NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| NAME OF FIRST REGISTERED OWNER: <u>Frank R. Maser</u><br>ADDRESS OF FIRST REGISTERED OWNER: <u>PO BOX 548</u><br><u>Highway 200</u> <u>Living Bank</u><br><u>PO Box 1061</u><br>CITY: <u>Carlson</u> STATE: <u>WA</u> ZIP CODE: <u>98610</u><br>ADDRESS OF FIRST LEGAL OWNER:    CITY: <u>Carlson</u> STATE: <u>WA</u> ZIP CODE: <u>98610</u><br>GRANTEE(S):    ADDITIONAL NAMES ON PAGE:    DOL CUSTOMER ACCOUNT NUMBER:                                                                                                                                                                                                                                                                               |  | DOL CUSTOMER ACCOUNT NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 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)<br>SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY: <u>Angelo Maser</u><br>SIGNATURE OF FIRST LEGAL OWNER TO TITLE IF APPLICABLE: <u>James R. Copeland Jr</u><br>NOTARY: <u>James R. Copeland Jr</u> State of Washington    County of <u>Skagit</u> Signed or sealed    before me on <u>1-28-98</u><br>by <u>James R. Copeland Jr</u> Signature of Applicant    Date: No. OR    AND: County/Office No. OR    9-17-98<br>Title: <u>Notary</u> DEALER'S PROFESSIONAL NOTARY |  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| DEALER'S REPORT OF SALE    I certify that this information is correct. The vehicle is clear of encumbrances except as shown.<br>DEALER NAME:    PURCHASE PRICE:    TAX JURISDICTION/TAX RATE:    DEALER'S AUTHORIZED SIGNATURE:    DATE OF SALE:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <input type="checkbox"/> USE TAX EXEMPT    Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)<br><b>4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL:</b> (Not for use by Sub-Agents)<br>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): <u>Angelo Maser</u><br>SIGNATURE: <u>Angelo Maser</u><br>COUNTY OFFICE/OPERATOR NUMBER: <u>30-01-08</u><br>DATE: <u>4-22-98</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

TD-420-739 MANUFACTURED HOME 6/97 131287 OF Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

|                                                                                                                                                                                                      |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>5 TITLE COMPANY CERTIFICATION</b>                                                                                                                                                                 |                              |
| I certify that the legal description of the land and ownership is true and correct per the real property records.                                                                                    |                              |
| NAME                                                                                                                                                                                                 | FILE COUNTY RECORD NUMBER    |
| SIGNATURE/POSITION                                                                                                                                                                                   | DATE                         |
| Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.                                                                             |                              |
| <b>6 BUILDING PERMIT OFFICE CERTIFICATION</b>                                                                                                                                                        |                              |
| I certify that the manufactured home has been affixed to the real property as described, OR a building permit has been issued for this purpose and the attachment will be inspected upon completion. |                              |
| NAME                                                                                                                                                                                                 | BUILDING PERMIT OFFICE PHONE |
| SIGNATURE/POSITION                                                                                                                                                                                   | DATE                         |
| Harlon Morat Building Inspector                                                                                                                                                                      | 4-09-98                      |

## INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW.  
DEPENDENT UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. Manufactured Home Title Elimination Application** (complete boxes 1, 2, 3, 4 and 6) Use to eliminate a title for a manufactured home which is to become real property.
- B. Manufactured Home Transfer in Location Application** (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application** (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once property completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

**IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/ THEY OWN AND TO WHICH IT IS/ WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.**

**Note:** Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer in Location, as provided by Chapter 65.20 RCW.

**SECTION 1** Enter the description of the manufactured home.

**SECTION 2** Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.

**SECTION 3** This area must be signed by all registered owners of the manufactured home when processing a title elimination. If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title. Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)

**SECTION 4** Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may not complete the approval portion of this form.

**SECTION 5** The "Title Company Certification" box must be completed when processing a "Transfer in Location" or a "Removal From Real Property" application. Important: The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.

**SECTION 6** When processing an "Elimination" or "Transfer in Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land or, issue a building permit to affix the manufactured home to the land, inspecting the complete attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.

## IMPORTANT:

Once the application has been approved by the County Auditor/Licensing Agent Office, take your application form to the County Recording Office. Obtain 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.

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 502-3600 or TDD (360) 654-6885.



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 03-08-27-1-0-0109-00

**Legal Description:**

A tract of land in the Southwest Quarter of Section 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the BILL LYONS #3 REVISED SHORT PLAT, recorded in Book 2 of Short Plats, Page 184, Skamania County Records.

EXCEPT that portion conveyed to Robert W. Sweeney et. ux. by instrument recorded September 28, 1988 in Book 111, Page 7.

