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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Do. Hawkinson

May 8 11 47 AM '98
AUDITOR
GARY M. OLSON

RETURN ADDRESS
Don & Hawkinson
10259 S.E. Steele St.
Portland OR 97266

STATE OF WASHINGTON Department of licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
0/0 055002	93	MARLETTE	28 X 48	H006930

2 LAND ADDITIONAL LEGAL DESCRIPTION ON PAGE ____

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER: 03 7S 36 3 2 0201

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

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.

LOT 2 OF RIDGE VIEW ~~ESTATES~~ TRACTS, ACCORDING TO THE OFFICIAL PLAT MAP THEREOF, ON FILE AND OF RECORD IN BOOK A OF PLATS ON PG. 150, RECORDS OF SKAMANIA COUNTY, WASHINGTON

TITLE FEES	
FILING FEE	
APPLICATION	
MOBILE HOME FEE	
ELIMINATION FEE	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	

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

COUNTY #	INCORPORATED / UNINCORPORATED	# REGISTERED OWNERS	# LEGAL OWNERS
Skamania	INCORPORATED	2	

NAME OF FIRST REGISTERED OWNER: DON HAWKINSON — DOL CUSTOMER ACCOUNT NUMBER:

ADDRESS OF FIRST REGISTERED OWNER: 10259 S.E. Steele St. — CITY: Portland — STATE: OR — ZIP CODE: 97266

NAME OF FIRST LEGAL OWNER: N/A — DOL CUSTOMER ACCOUNT NUMBER:

ADDRESS OF FIRST LEGAL OWNER: OWNED OUTRIGHT — CITY: — STATE: — ZIP CODE:

GRANTEE(S) ADDITIONAL NAMES ON PAGE ____

NAME OF FIRST GRANTEE: — 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)

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:

X _____
SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE

I DO SOLEMNLY ATTEST UNDER PENALTY OF PURJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

X Don Hawkinson
SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE

X Connie D Hawkinson
SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania — Signed or attested before me on May 8 1998

by Don + Connie Hawkinson (Printed Name of Applicant) — Signature Angela Moser

Title Agent (DEALERSHIP Position/Agent/NOTARY) — Dealer No. OR AND: County/Office No. OR Notary Expiration Date 30-01-08

DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME	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)

4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

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): Angela Moser — COUNTY OFFICE/VFS OPERATOR NUMBER: 30-01-08

SIGNATURE: Angela Moser — DATE: 5-8-98

TD-420-729 MANUF HOME APPL (R/12/96)OR Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

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5 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records

NAME | TITLE COMPANY PHONE NUMBER

SIGNATURE/POSITION N/A | DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

6 BUILDING PERMIT OFFICE CERTIFICATION

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 Frank Zwick | BLDG PERMIT OFFICE PHONE # (509) 422-5970

SIGNATURE/POSITION Frank Zwick Building Official City of Kennewick, Wa. | DATE 5-8-98

INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW, DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS

A. **Manufactured Home Title Elimination Application** (complete boxes 1, 2, 3, 4 and 6) Use to eliminate 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 properly 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 completed 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. 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.

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.

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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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:
- [X] Title Elimination
- [ ] Removal From Real Property
- [ ] Transfer In Location

PROPERTY TAX PARCEL NUMBER:

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)

NAME OF REGISTERED OWNER CONNIE HAWKINSON	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:

SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER N/A OWNED OUTRIGHT	DOL CUSTOMER ACCOUNT NUMBER

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I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of _____ Signed or attested before me on _____

By _____ (Printed Name of Applicant) Signature _____

Title _____ (DEALERSHIP Position Agent NOTARY) Dealer No. OR AND: County Office No. OR Notary Expiration Date _____

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