

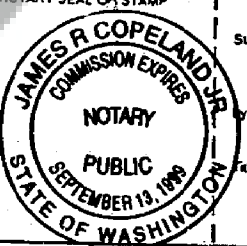
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FILED FOR RECORD
SPRINGFIELD WASH
BY SKAMAHIA CO. TITLE

RETURN ADDRESS

SEP 15 1 24 PM '98
G. Olson
AUDITOR
GARY H. OLSON

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION	
PLEASE CHECK ONE			
<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME			
TPO/PLATE NUMBER 96 100 776	YEAR 93	MAKE Marlt	VEHICLE IDENTIFICATION NUMBER (VIN) HD07046AB
2 LAND			
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			TITLE FEES
PROPERTY TAX PARCEL NUMBER 02-05-28-2-0-0109-00			FILING FEE
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.			APPLICATION
NE 1/2 S28, T2N, R5E			MOBILE HOME FEE
			ELIMINATION FEE
			USE TAX
			SUB-AGENT FEES
			TOTAL FEES & TAX
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			
COUNTY 30	INCORPORATED <input checked="" type="checkbox"/>	UNINCORPORATED <input type="checkbox"/>	ADDITIONAL NAMES ON PAGE 4
NAME OF FIRST REGISTERED OWNER Eric Crone		DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS OF FIRST REGISTERED OWNER 3777 Addy Street Lot 63		CITY Washougal	STATE ZIP CODE WA 98671
NAME OF FIRST LEGAL OWNER Washington Mutual		DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS OF FIRST LEGAL OWNER 7600 NE 41st Street, Suite 150		CITY Vancouver,	STATE ZIP CODE WA 98662
GRANTEE(S)			
NAME OF FIRST GRANTEE		ADDITIONAL NAMES ON PAGE	
		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)			
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 LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:			
<i>X Laureen Roberts</i>		<i>X Eric Crone</i>	
SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE		SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE	
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
NOTARY SEAL OR STAMP 		State of Washington County of Shannon Signed or attested before me on 4-17-98 Printed Name of Applicant James R. Copeland Signature <i>James R. Copeland</i> Dealer No. OR AND: County/Office No. OR Notary Expiration Date 9-17-98	
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	
<input type="checkbox"/> 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)		COUNTY OFFICE/FS OPERATOR NUMBER	
SIGNATURE		DATE	

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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	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	BUILDING PERMIT OFFICE PHONE #
SIGNATURE / POSITION	DATE
Marlon Morat	509-427-9484 # 50498
Marlon Morat	Building Inspector 9-8-98

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 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 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.

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 02-05-28-2-0-0109-00

Legal Description:

A tract of land in the Northeast Quarter of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the KENT SHORT PLAT, recorded in Book 2 of Short Plats, Page 100, Skamania County Records.

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: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER: 02-05-28-2-0-0109-00

ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
Lorraine Crone	
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
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SIGNATURE OF REGISTERED OWNER	DATE
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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	Signed or attested
County of _____	before me on _____
by _____	Signature _____
Printed Name of Applicant	
Title _____	Dealer No. OR
DEALERSHIP Position/Agent/NOTARY _____	AND: County/Office No. OR
	Notary Expiration Date _____

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