

133046

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CLARK COUNTY, MD

OCT 8 9 56 AM '98

## RETURN ADDRESS

CLARK COUNTY TITLE COMPANY

1400 Washington Street, Ste 100

Yanover, MA 98660

Attn: Maxine L. Duff/H2342MD

GARY H. OLSON  
AUCTIONEER

CCTN2342MD

STATE OF WASHINGTON

LICENSING

MANUFACTURED HOME  
APPLICATION

PLEASE CHECK ONE

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

## 1 MANUFACTURED HOME

VIN/PLATE NUMBER YEAR NAME LICENSE NUMBER  
28666 BARRINGTON 1998 WAFLW31B15899 BAI13 \*\*

ADDITIONAL LEGAL DESCRIPTION ON PAGE 3

## 2 LAND

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDPROPERTY TAX PARCEL NUMBER  
03-07-36-2-0-1304-00SECTION/TOWNSHIP/RANGE  
NW1/4 36-3-7

A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Assessor's Affidavit form, ID-420 732, available at your local County Assessor's Office.

See attached Exhibit-"A" legal description of land on page 3

\*\* WAFLW31B15899 BAI13

## 3 GRANTEE(S) REGISTERED/LEGAL OWNER(S)

COUNTY: SKAGANIA INCORPORATED REGISTERED OWNER(S): 2

NAME OF FIRST LEGAL OWNER: RICHARD J. KEITH

ADDRESS OF FIRST LEGAL OWNER: 2993 1/2 1st Avenue P.O. BOX 98

CITY: Stevenson

STATE: WA ZIP CODE: 98660

NAME OF FIRST LEGAL OWNER: RIVERVIEW SAVINGS BANK

ADDRESS OF FIRST LEGAL OWNER: 700 NE 4th Avenue

CITY: Camas

STATE: WA ZIP CODE: 98607

NAME OF FIRST LEGAL OWNER: THE PUBLIC

ADDRESS OF FIRST LEGAL OWNER: ADDITIONAL NAMES ON PAGE

CITY: ADDITIONAL NAMES ON PAGE

STATE: ADDITIONAL NAMES ON PAGE

ZIP CODE: ADDITIONAL NAMES ON PAGE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

SIGNATURE OF FIRST REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF SECOND REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRD REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF FOURTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF FIFTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF SIXTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF SEVENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF EIGHTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF NINTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF ELEVENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWELFTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF FOURTEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF FIFTEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF SIXTEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF SEVENTEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF EIGHTEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF NINETEENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTIETH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-FIRST REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-SECOND REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-THIRD REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-FOURTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-FIFTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-SIXTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-SEVENTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-EIGHTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF TWENTY-NINTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTIETH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-FIRST REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-SECOND REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-THIRD REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-FOURTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-FIFTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-SIXTH REGISTERED OWNER(S) IF APPLICABLE

SIGNATURE OF THIRTY-SEVENTH REGISTERED OWNER(S) IF APPLICABLE

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

DEALER NAME: FAIRPLAY HIRE OF VASCON VEX

DEALER NUMBER: 4066

DATE OF SALE: 7-22-98

PURCHASE PRICE: \$6,295.00

TAX JURISDICTION NAME: 06001722

DATE: 7-22-98

USE TAX EXEMPT: ☐ YES ☐ NO

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

I hereby certify that the above information is true and correct, and that the vehicle is clear of encumbrances except as shown.

I received this for my order of this title.

NAME (PRINT NAME): Angela Moser

SIGNATURE: Angela Moser

DATE: 10-8-98

CLERK'S OFFICE/NOTARY PUBLIC

OFFICE No. OR: 6-9-99

NOTARY EXPIRATION DATE: 6-9-99

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

|                                                                                                                                                                                                           |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>6. TITLE COMPANY CERTIFICATION</b>                                                                                                                                                                     |                             |
| I certify that the legal description of the land and ownership is true and correct for the real property records.                                                                                         |                             |
| NAME                                                                                                                                                                                                      | TITLE COMPANY HERE IN ORDER |
| SIGNATURE POSITION                                                                                                                                                                                        | DATE                        |
| Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.                                                                                  |                             |
| <b>7. BUILDING PERMIT OFFICE CERTIFICATION</b> <i>8-15-98</i>                                                                                                                                             |                             |
| I certify that the manufactured home has been allowed to the real property as described, OR a building permit has been issued for this purpose and the attached permit will be inspected upon completion. |                             |
| NAME                                                                                                                                                                                                      | BUILDING PERMIT OFFICER'S   |
| <i>Frank J. Smith</i>                                                                                                                                                                                     | <i>809-457-4770</i>         |
| SIGNATURE POSITION                                                                                                                                                                                        | DATE                        |
| <i>Frank J. Smith Building Dept.</i>                                                                                                                                                                      | <i>8-29-98</i>              |

## 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 HCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND IT/ES/HE/HEY OWN AND TO WHICH IT/IS/HE/HE/HEY 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 and range, when applicable. With a legal description in the space provided. If there is not enough room, use the Title Application Attachment (DD-20-732). 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 broker or a vehicle transfer 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 date company's certification.

**SECTION 6** When processing an "Elimination" or "Transfer in Location" application, a city or county may require that the location of the manufactured home must certify that the home is affixed to the land. Issuing a building permit to affix the manufactured home to the land, inspecting the completed attachment. There is a fee of \$100.00 for the application, adding the permit number if the application has not yet occurred.

**IMPORTANT:** Once the application has been approved by the County Auditor/Licensing Agent Office, you must return your original application form, obtain a certified copy of the recorded form. If the application is not recorded, 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 accommodations, please call (360) 422-3000 or TDD (360) 664-8085.



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

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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 03-07-36-2-0-1304-00

**Legal Description:**

A tract of land in the Southeast Quarter of the Northwest Quarter of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 B of the Short Plat recorded in Book T of Short Plats, Page 72, Skamania County Records.

## OWNERSHIP

**CHECK TYPE OF APPLICATION:**

☒ Title Elimination

☐ Removal From Real Property

☐ Transfer In Location

| ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S)                      |                              |
|----------------------------------------------------------------------|------------------------------|
| NAME OF REGISTERED OWNER                                             | DOL CUST OVER ACCOUNT NUMBER |
| ANNA M. KEITH                                                        | KENHAM289MS                  |
| NAME OF REGISTERED OWNER                                             | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF REGISTERED OWNER                                             | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF REGISTERED OWNER                                             | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER                                                  | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER                                                  | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER                                                  | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER                                                  | DOL CUST OVER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER                                                  | DOL CUST OVER ACCOUNT NUMBER |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: |                              |
| SIGNATURE OF LEGAL OWNER                                             | DOL CUST OVER ACCOUNT NUMBER |
| SIGNATURE OF LEGAL OWNER                                             | DOL CUST OVER ACCOUNT NUMBER |

|                               |      |
|-------------------------------|------|
| 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 |  |
|                      |  | Signed or attested                                             |  |
|                      |  | before me on                                                   |  |
| State of Washington  |  | Signature                                                      |  |
| County of            |  | by _____ Printed Name of Applicant                             |  |
| Title                |  | Dealer No. OR                                                  |  |
|                      |  | AND: County/Office No. OR                                      |  |
|                      |  | Notary Expiration Date                                         |  |
|                      |  | DEALERSHIP Position/Agent/NOTARY                               |  |

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) 664-5585.