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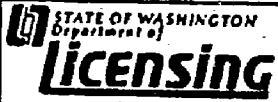
185 PAGE 324

RETURN ADDRESS

JUL 4 2 25 PM '98

Moser

GARY L. OLSON

		<b>MANUFACTURED HOME APPLICATION</b>	
<b>PLEASE CHECK ONE</b>			
<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
<b>1 MANUFACTURED HOME</b>			
TPO / PLATE NUMBER 1998	MAKE / MODEL Skywood	LENGTH / WIDTH / FEET 67 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) H-015631 A/B
<b>2 LAND</b>			<b>TITLE FEES</b>
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			FILING FEE
ADDITIONAL LEGAL DESCRIPTION ON PAGE 3			APPLICATION
LOT 2 of the SHORT PLAT, recorded in Book 3 of Short Plats, Page 185, Skamania County Records.			MOBILE HOME FEE
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.			ELIMINATION FEE
A tract of land in the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:			USE TAX
Lot 2 of the SHORT PLAT, recorded in Book 3 of Short Plats, Page 185, Skamania County Records.			SUB-AGENT FEES
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>			TOTAL FEES & TAX
COUNTY: 10	INCORPORATED	UNINCORPORATED	ADDITIONAL NAMES ON PAGE 3
NAME OF FIRST REGISTERED OWNER Jeffrey C. Bowman	CITY Stevenson	STATE WA	ZIP CODE 98648
ADDRESS OF FIRST REGISTERED OWNER PO Box 174	CITY Stevenson	STATE WA	ZIP CODE 98648
NAME OF FIRST LEGAL OWNER Washington Mutual	CITY Vancouver,	STATE WA	ZIP CODE 98660
ADDRESS OF FIRST LEGAL OWNER 1201 Main Street	CITY Vancouver,	STATE WA	ZIP CODE 98660
GRANTOR(S)	ADDITIONAL NAMES ON PAGE 3	DOL CUSTOMER ACCOUNT NUMBER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF FIRST GRANTOR Jeffrey C. Bowman	DOL CUSTOMER ACCOUNT NUMBER	DOL CUSTOMER ACCOUNT NUMBER	DOL CUSTOMER ACCOUNT NUMBER
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:			
SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE:			
SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE:			
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of Skamania Signed or attested before me on 12-23-98			
by Notary Public			
Title Notary Public			
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)	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			
SIGNATURE Angela Moser			
COUNTY OFFICE/AGENT OPERATOR NUMBER			
DATE 1-4-98			

TD-420-732 MANUF HOME APPL (01/1998) Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

000134

## 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: 03-08-17-4-0-1800-00

ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S)	
NAME OF REGISTERED OWNER Susan F. Bowman	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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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
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	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 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 _____

The Department of Licensing has a policy of providing equal access to its services.  
 If you need special accommodation, please call (360) 962-3600 or TDD (360) 664-8865.