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 PAGE 288  
 FILED RECORD  
 SKAMANIA CO. TILL  
 BY SKAMANIA CO. TILL

RETURN ADDRESS

 APR 14 9 18 AM '99  
 AMOR  
 AUDITOR  
 GARY H. OLSON

| STATE OF WASHINGTON<br>Department of<br><b>Licensing</b>   |                           | <b>MANUFACTURED HOME<br/>APPLICATION</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<br>Q59458   | YEAR<br>1965              | MAKE<br>Adm   | VEHICLE IDENTIFICATION NUMBER (VIN)<br>AMHODD12602103   |
| <b>2 LAND</b>  |                           |   |   |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED   |                           |   | <b>ADDITIONAL LEGAL DESCRIPTION ON PAGE</b><br>PROPERTY TAX PARCEL NUMBER<br>03-08-23-0-0300-00 |
| LOT<br>300   | BLOCK                     | PLAT NAME   | SECTION / OWNERSHIP RANGE<br>23-3N-8 E  |
| 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 NW 1/4 Section 23, 7 3N, R8E Skamania County   |                           |   |   |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>  |                           |   |   |
| COUNTY<br>30   | INCORPORATED              | UNINCORPORATED  | # REGISTERED OWNERS<br>1<br># LEGAL OWNERS<br>1   |
| NAME OF FIRST REGISTERED OWNER<br>Duane King   |                           | DOL CUSTOMER ACCOUNT NUMBER<br>9308230909   |   |
| ADDRESS OF FIRST REGISTERED OWNER<br>21224 Pacific Coast Hwy.  |                           | CITY<br>Malibu  | STATE ZIP CODE<br>CA 90265  |
| NAME OF FIRST LEGAL OWNER  |                           | DOL CUSTOMER ACCOUNT NUMBER   |   |
| ADDRESS OF FIRST LEGAL OWNER   |                           | CITY  | STATE ZIP CODE  |
| <b>GRANTEE(S)</b>  |                           |   |   |
| 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)                                     |                           |   |   |
| 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 FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE   |                           | SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE   |   |
| SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE  |                           | SIGNATURE OF SECOND LEGAL OWNER AND TITLE, IF APPLICABLE  |   |
| NOTARY SEAL OR STAMP   |                           | NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  |   |
|  |                           | State of Washington<br>County of _____<br>Signed or attested before me on _____<br>by _____<br>Printed Name of Applicant<br>Title _____<br>DEALERSHIP Position/Agent/NOTARY |   |
| Dealer No. OR<br>AND: County/Office No. OR<br>Notary Expiration Date   |                           |   |   |
| <b>DEALER'S REPORT OF SALE</b> 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).   |                           |   |   |
| <b>4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)</b>   |                           |   |   |
| 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)<br>Anita Moser   |                           | COUNTY OFFICE/VS OPERATOR NUMBER<br>30-01-08  |   |
| SIGNATURE<br>Anita Moser   |                           | DATE<br>4-13-99   |   |

BOOK 188 PAGE 289

|  |   |
|--|---|
| <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   | 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.   |   |
| <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  |
| MARLON MORAT<br>Marlon Morat   | (509) 427 9484<br>BUILDING INSPECTOR 4-1-99 |

### 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 48.12 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 48.12 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.

NOV-11

BOOK 188 PAGE 290

EXHIBIT 'A'

A Tract of land in the Southwest Quarter of the Northwest Quarter of Section 23, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

BEGINNING at the Northwest corner of the South Half of the Northwest Quarter of said Section 23; thence South along the West line of said Section 23, 350 feet; thence East parallel to the North line of said South Half of the Northwest Quarter, 498 feet; thence South parallel to the West line of said Section 23 to a point on the South line of the North Half of the South Half of the Northwest Quarter of said Section 23, said point being 660 feet, more or less, South of the North line of said South Half of the Northwest Quarter to the North line of the South Half of the Northwest Quarter of said Section 23; thence West along said North line to the point of beginning.

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

} ss.

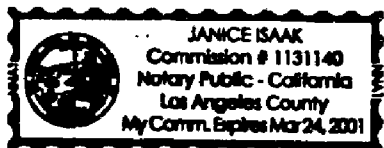
On 3/31/99, before me, Janice Isaak, Notary Public

Date

Name and Title of Officer (e.g., Jane Doe, Notary Public)

personally appeared Duane L. King

Name(s) of Signer(s)

☐ personally known to me☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

## Description of Attached Document

Title or Type of Document: Title Elimination FormDocument Date: 3/31/99 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

## Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here