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136004

SKAMANIA CO. TITLE

AUG 13 -3 32 PM '99

GARY NELSON

RETURN ADDRESS

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

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

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
X072245	1992	Golde	66 X 26	SN13225AB

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 04-07-15-0-0-0303-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER: Kurt Allen Russell

NAME OF ADDITIONAL REGISTERED OWNER: Mary Susan Russell

ADDRESS	CITY	STATE	ZIP CODE
182 Cannavina Road	Carson	WA	98610

NAME OF LEGAL OWNER: Riverview Community Bank

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
PO Box 1068	Camas,	WA	98607

GRANTEE

NAME: State of Washington , Dept, of Licensing

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE: Kurt A Russell

Signature of Additional Registered Owner and Title, IF APPLICABLE: Mary Susan Russell

NOTARY SEAL OR STAMP

PAULA SEAMAN
COMMISSION EXPIRES
NOTARY
PUBLIC
OCTOBER 8, 2001
STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania

Signed or attested before me on 7-19-99

by Kurt Allen Russell (PRINT NAME OF REGISTERED OWNER) Signature (NOTARY OR AGENT): Paula Seaman

by Mary Susan Russell (PRINT NAME OF REGISTERED OWNER) PRINTED NAME OF NOTARY: Paula Seaman

Title Notary (DEALERSHIP POSITION AGENT/NOTARY)

AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 10-8-2001

4 TITLE COMPANY CERTIFICATION

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

NAME (TYPED OR PRINTED) | 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.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that:
☐ the manufactured home has been affixed to the real property as described.
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE PHONE #	BLDG PERMIT #
Marlon Morat	(509)427-9484	

SIGNATURE / POSITION: Marlon Morat Building Inspector — DATE: 8-12-99

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6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE Karen M Nelson

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

LORI A. JACKSON
STATE OF WASHINGTON
NOTARY — • — PUBLIC
My Commission Expires June 1, 2003

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Clark

Signed or attested before me on July 22, 1999

by Karen M Nelson
PRINT NAME OF LEGAL OWNER

Signature Lori A Jackson
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

Lori A Jackson
PRINTED NAME OF NOTARY

Title Sr. Vice President
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6-1-03

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

A tract of land in the Southeast Quarter of the Northwest QUarter of Section 15, Township 4 North, Range 7 East of the Willamette Merdian, in the County of Skamania, State of Washington described as follows: Lot 3 of the Hanson Short Plat as recorded in Book 3 of Short Plats, Page 116, Skamania County Deed Records.

8 DEALER'S REPORT OF SALE

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED)	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).

9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)

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 8-13-99

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES

TOTAL FEES & TAX

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing 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. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

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.

Official Copy