

136489

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RETURN ADDRESS

Kelly Govro

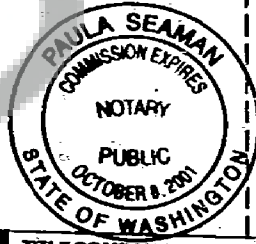
PO Box 472

Carson WA. 98610

FILED
SEAL
SKAMANIA CO. 1111

OCT 7 10 45 AM '99

AMASER
CARY L. OLSON

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				☒ TITLE ELIMINATION	☐ TRANSFER IN LOCATION
				☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
870985	1968	FLTWD	39 X 12	NL7CS7187	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2				REAL PROPERTY TAX PARCEL NUMBER	
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED				03-08-17-4-0-3202-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER					
Kelly G. Govro					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
PO Box 472		CITY	Carson	STATE	ZIP CODE
				WA	98610
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO Box 1068		CITY	Camas	STATE	ZIP CODE
				WA	98607
GRANTEE					
NAME					
Department 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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania Signed or attested before me on Aug. 26, 1999 by Kelly Govro PRINT NAME OF REGISTERED OWNER Signature Paula Seaman NOTARY OR AGENT PRINTED NAME OF NOTARY Paula Seaman Title Notary AND: County/Office No. OR Dealer No. OR 10-8-2001 Notary Expiration Date			
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		DATE			
		Building Inspector		10-05-99	

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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 <i>James R. Copeland</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND MY COMMISSION EXPIRES September 13, 2008		State of Washington County of <i>Skamania</i> Signed or attested before me on <i>9-22-99</i> Signature <i>[Signature]</i> PRINTED NAME OF NOTARY <i>James R. Copeland</i> Title <i>Notary</i> DEALERSHIP POSITION (AGENT/NOTARY)		County/Office No. OR <i>2003</i> Dealer No. OR <i>9-11-99</i> Notary Expiration Date	
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 Southwest Quarter of 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: Beginning at a point 30 feet East and 280 feet North of the Quarter Corner of the South line of said Section 17; thence East 135.8 feet; thence North 113.5 feet; thence West 135.8 feet; thence South 113.5 feet to the point of Beginning. Said Tract being also designated as Lot 2 of Norris W. Esch's Short Plat, recorded at Page 53 of Book 1 of Short Plats, under Auditors File No. 83315, Records of Skamania County, Washington.					
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)		COUNTY OFFICE/VEHICLE OPERATOR NUMBER			
<i>Angela Moser</i>		<i>30-01-08</i>			
SIGNATURE		DATE			
<i>Angela Moser</i>		<i>10-7-99</i>			
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.					