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BOOK 195 PAGE 749

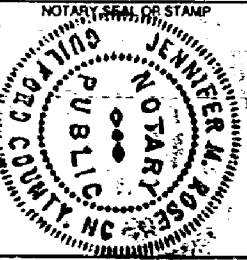
FILED
BY SKAMANIA CO. TITLE

DEC 23 9 30 AM '99

GARY M. OLSON

RETURN ADDRESS

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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	Pacifica	66 X 28	H-017970 A/B	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				03-08-17-3-0-1402-00	
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	1		1		
NAME OF REGISTERED OWNER					
S. John Shields					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
PO Box 455, Carbon, WA 98610					
NAME OF LEGAL OWNER					
Oakwood Acceptance Corporation					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
7800 McCloud Road, Greensboro, NC 27409					
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 S. John Shields					
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 July 12, 1999					
by S. John Shields Signature of Notary Agent					
PRINT NAME OF REGISTERED OWNER					
by James R. Copeland					
PRINT NAME OF REGISTERED OWNER					
Title Notary					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9-17-99					
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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> 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 #					
DATE					
Signature of Building Inspector					
12-20-99					

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 <u>Timothy P. Davis</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of <u>North Carolina</u> County of <u>Guilford</u> Signed or attested before me on <u>12-6-99</u> by <u>Timothy P. Davis</u> Signature <u>Jennifer M. Rose</u> <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> by <u>Jennifer M. Rose</u> <small>PRINT NAME OF LEGAL OWNER</small> Title <u>Notary</u> AND: County/Office No. OR Dealer No. OR <u>6-22-2004</u> <small>DEALERSHIP POSITION AGENT/NOTARY Notary Expiration Date</small>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 1, CHARLES H. AND VEDA A. COATES SHORT PLAT, according to the recorded plat thereof, recorded in Book 2, Page 61, Skamania County Short Plat records, located in the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of 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			
<input type="checkbox"/> 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/VFS OPERATOR NUMBER		
SIGNATURE			DATE		
<u>Angele Moser</u>			<u>30-0108</u>		
<u>Angele Moser</u>			<u>12-22-99</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	AGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <p>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.</p> <p>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.</p>					

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.