137775

RETURN ADDRESS

ROOK 197 PAGE 933

Teloy Godfiel

12 54 1.1 100 moser Goodrich beso, GARLES SEE M Goodrich Roal CRISON, WA 98610 **MANUFACTURED HOME** PLEASE CHECK ONE MITTLE ELIMINATION

OTRANSFER IN LOCATION

OREMOVAL FROM REAL PROPERTY **APPLICATION** Anyone who knowingly makes a false statement of a material fact is guilty LJREMOVAL FROM of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 48.12.210) MANUFACTURED HOME 1PO / PLATE NUMBER 70 X 28 VEHICLE DENTIFICATION MANDER (VM)
DFLCW2AG17130927 +70537 1986 Chadw DFLCW2AG171309279 2 LAND LEGAL DESCRIPTION ON PAGE MANUFACTURED HOME WILL BE X AFFIXED REMOVED 03-08-20-2-1-0408-00 PLAT NAME Drastron John GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE
COUNTY NUMBER

[NUMBER OF REGISTERED OWNERS | NUMBER OF LEG 3N R86 Leroy Goodrich

NAME OF ADDITIONAL REGISTERED OWNER Darlene Goodrich ADDRESS 121 Goodrich ZIP COO 98610 SAME IAME OF ADDITIONAL LEGAL OWNER ADDRESS ZIP CODE GRANTEE DEPARTMENT OF LICENSING IDO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/ WE AMVARE THE REGISTERED O YNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Dodene !! 0-0 NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington JK-Man Notary Public State of Washington
JAMES R COPELAND, TR M
MY COMMISION EXPIRES //
Condumber 13 2003 PRINT N Goodrich Goode September 13,2003 County/Office No. OR Dealer No. OR 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. TITLE COMPANY / PHONE NUMBER GNATURE / POSITION Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION 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. I certify that:

WHE (TYPED OR PRINTED)

Marlon Morat

Building Inspector

BLDG PERMIT OFFICE/PHCNE #

(509)427-9484

4-6-00

BLDG PERMIT

SIGNATURE OF LEGAL OV	OWNER	
Signature att	YNER INDICATES CONSENT FOR ELIMINATIO	
	Оптерындар	N OF TITLE / REMOVAL FROM REAL PROPER
	WELLICABLE _	
ignature of Additional Legal:	Owner and Title, IF APPLICABLE	
NOTARY SEAL OR STAMP	AND APPLICABLE	
	State State Control of the Control o	N FOR LEGAL OWNER(S) SIGNATURE
	State of Washington County of	Signed or attested
		before me on
	by	
	PRINT NAME OF LEGAL OWNER	Signature
	by	NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
	Title	County/Office No. OR
AND DESCRIPTION (AL	DEALERSHIP POSITION/AGENT/NOTARY	ANO: Decler No. OR Notary Expiration Date
TOOL ON THE	egal description of the land can be obtained fro	on the local County Assessment Date
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		DEALER NUMBER DATE OF SALE
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The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal (360) 902-3600 or TDD (360) see access.

TD-420-729 MANUF HOME APPL (R/B/96)OR Page 2 of 2