

138331

BOOK 199 PAGE 943

FILED  
SEAL  
BY TAMARA CO. VILLI

JUN 9 11 01 AM '00

Moser

GARY

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 49.12.210)

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER +06306	YEAR 1984	MAKE Berks	LENGTH/WIDTH (FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL2AE204803140
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**2 LAND**

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
04-07-26-2-0-1907-00

LOT BLOCK PLAT NAME

SECTION/TOWNSHIP/RANGE

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

ADDITIONAL NAMES ON PAGE

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

Tamara M. Moser

NAME OF ADDITIONAL REGISTERED OWNER

Joann L. Shriver

ADDRESS

141 Heslin Road

CITY

Carson

STATE

WA

ZIP CODE

98610

NAME OF LEGAL OWNER

ComUnity Lending, Inc.

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

11818 SE Mill Plain Blvd

CITY

Vancouver

STATE

WA

ZIP CODE

98684

GRANTÉE

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

Tamara Moser

Signature of Additional Registered Owner and Title, IF APPLICABLE

Joann L. Shriver

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

Notary Public  
State of Washington  
JAMES R COPELAND JR  
MY COMMISSION EXPIRES  
September 13, 2003State of Washington  
County of Skamania

Signed or attested

before me on

March 30, 2000

PRINT NAME OF REGISTERED OWNER

Tamara M. Moser

PRINT NAME OF REGISTERED OWNER

Joann L. Shriver

Title

Notary

DEALERSHIP POSITION/AGENT/NOTARY

PRINTED NAME OF NOTARY

County/Office No. OR

AND: Dealer No. OR

Notary Expiration Date

9-13-2003

**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)

SIGNATURE / POSITION

Morton Morat

Morton Morat

BLDG PERMIT OFFICE/PHONE #

509-422-9484

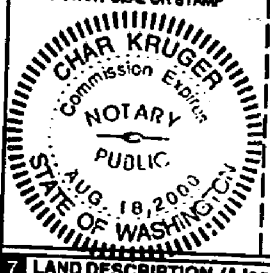
BLDG PERMIT #

DATE

6-6-00

TC 420-729 MANUF HOME APP (R/8/96) OR Page 1 of 2

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<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Community Lending, Inc. James E. Anderson</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <u>4/3/00</u>	
		County of <u>CLARK</u>			
		by <u>COMMUNITY LENDING, INC.</u>		Signature <u>Char Kruger</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY <u>CHAR KRUGER</u>	
		PRINT NAME OF LEGAL OWNER		County/Office No. OR	
		Title _____		Dealer No. OR	
		DEALER'S POSITION/AGENT/NOTARY		AND: Notary Expiration Date <u>8/18/00</u>	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 9 WIND RIVER LOTS II, according to the recorded plat thereof, recorded in Book B of Plats, Page 42, in the County of Skamania, State of Washington.					
<b>8 DEALER'S REPORT OF SALE</b>					
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"/> <b>USE /AX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</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) <u>Angela Moser</u>			COUNTY OFFICE/VPS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>6-9-00</u>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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><b>APPLICANTS:</b> 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>					