

138358

BOOK 200 PAGE 18

SRAMARIA CO. TITLE

RETURN ADDRESS

Calvin Beard

P.O. Box 369

Carson, WA 98610

JUN 14 10 01 AM '00

A. Moser

GARY L. GILSON

Supervisor
Inspected by
Approved
Noted

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)	
	1998	Amber	50 X 42	67910963K	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-1418-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
4		Terry Mark Short Plat	17, T3N, 8EWM		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER					
Beard, Calvin					
NAME OF ADDITIONAL REGISTERED OWNER					
Boyd, Robin					
ADDRESS CITY STATE ZIP CODE					
P.O. Box 369 Carson WA 98610					
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
P.O. Box 1003 Camas WA 98672					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
Notary Public State of Washington County of Skamania Signed or attested before me on June 8, 2000					
JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2009					
Signature of Registered Owner					
Signature of Notary for Agent					
PRINTED NAME OF NOTARY					
County/Office No. OR Dealer No. OR Notary Expiration Date					
AND: 9-15-2009					
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)					
BLOG PERMIT OFFICE/PHONE #					
BLOG PERMIT #					
DATE					
Signature / Position					
Building Inspector					

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>Terry L. McKenney Jr</i>		
Signature of Additional Legal Owner and Title, IF APPLICABLE			<i>Rightview Community Bank</i>		
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Notary Public State of Washington JAMES R COPELAND JR MY COMMISSION EXPIRES September 13, 2003 </div>		State of Washington	County of	Signed or attested before me on	
			SK-11-11	June 8, 2000	
		PRINT NAME OF LEGAL OWNER		Signature	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
Title		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
		NOTARY		9-13-2003	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
<p>A tract of land in the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willanette Meridian, in the County of Skamania, State of Washington described as follows:</p> <p>Lot 4 of the Terry Mark Short Plat, record in Book 3 of Short Plats, Page 305, Skamania County Records.</p>					
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/AGENCY 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/VES OPERATOR NUMBER		
Angela Moser			30-01-08		
SIGNATURE			DATE		
<i>Angela Moser</i>			6-14-00		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT 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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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> </div> <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.