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BOOK 200 PAGE 379

SHAWANIA CO. TITLE

RETURN ADDRESS

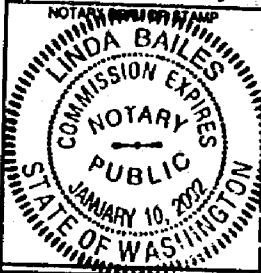
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CARMOR

GARY L. L. SON

By Title
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| 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) | |
| | 1986 | Skyli | 48 X 24 | 17910200V | |
| 2 LAND | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | LEGAL DESCRIPTION ON PAGE 2 | |
| | | | | REAL PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-0501-00 | |
| 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 | | 2 | | 1 | |
| NAME OF REGISTERED OWNER | | | | | |
| Raymond G. Mitchell | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| Evelyn D. Mitchell | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| PO Box 902 | | Carson | WA | 98610 | |
| NAME OF LEGAL OWNER | | | | | |
| Washington Federal Savings | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| 13411 SE Mill Plain Blvd. #A-1 | | Vancouver | WA | 98684 | |
| 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 <i>Raymond G. Mitchell</i> | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Evelyn D. Mitchell</i> | | | | | |
| 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, 2003 | | County of <i>Skamania</i> | | Signed or attested before me on <i>5-10-00</i> | |
| PRINT NAME OF REGISTERED OWNER | | Signature <i>Raymond G. Mitchell</i> | | NOTARY OR AGENT | |
| PRINT NAME OF REGISTERED OWNER | | Signature <i>Evelyn D. Mitchell</i> | | NOTARY OR AGENT | |
| Title <i>Notary</i> | | AND: County/Office No. OR Dealer No. OR Notary Expiration Date <i>9-13-2003</i> | | | |
| 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 # | |
| MARION MORAT | | 509-427-9484 | | 19-00 | |
| SIGNATURE / POSITION | | DATE | | | |
| <i>Marion Morat</i> | | BUILDING INSPECTOR | | 6-2-00 | |

| | | | | | |
|---|---------------------------|---|-----------------|--------------|------------------|
| 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>[Signature]</i> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE | | | | | |
|  | | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>CLARK</u> Signed or attested before me on <u>5/25/00</u> by <u>WASHINGTON FEDERAL</u> <small>PRINT NAME OF LEGAL OWNER</small> by <u>LINDA BAILES</u> <small>PRINTED NAME OF NOTARY</small> Title <u>NOTARY OR AGENT</u> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>1/10/02</u> | | | |
| 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 Northeast 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, described as follows: Lot 4 of the STRODE SHORT PLAT, recorded in Book 3 of Short Plats, Page 140, Skamania County Records. | | | | | |
| 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) <i>Angela Moser</i> | | COUNTY OFFICE/FS OPERATOR NUMBER <i>30-01-08</i> | | | |
| SIGNATURE <i>Angela Moser</i> | | DATE <i>6-28-00</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. | | | | | |

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.