BOOK 201 PAGE 163 138702 SHAMABIA CO. FITAN Jul 27 | 53 Fil '60 CM MOSQL RETURN ADDRESS GARY E. CLSON **MANUFACTURED HOME** PLEASE CHECK TITLE ELIMINATION **APPLICATION** ☐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 46.12.210) 1 MANUFACTUREDHOME TPO / PLATE NUMBER YEAR LENGTHWIDTH, FEET) VEHICLE IDENTIFICATION NUMBER (VIV) 1999 GreenBr 2191-0819-L AB 2 LAND LEGAL DESCRIPTION ON PAGE REAL PROPERTY TAX PARCEL NUMBER 03-08-17-2-3-0401-00 MANUFACTURED HOME WILL BE AFFIXED TREMOVED BLOCK SECTIONTOW 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ER(S) ADDITIONAL NAMES ON PAGE
BER OF REGISTERED OWNERS IMAGES 30 1 NAME OF REGISTERED OWNER Michele R. Nance ZIP CODE STATE PO BOX 976 Stevenson 98648 Evergreen Moneysource STATE ZIP CODE 3001 112th Ave. NE Bellevue 98004 GRANTEL DEPARTMENT OF LICENSING

IDO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/ WE ANARE 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

MOTORIZATION OF THE PROPERTY OF T NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Washington County of Notary Public | State of Washington JAMES R COPELAND, DR. MY COMMISION EXPIRES September 13,2003 County/Office No. OR 9 -/ 3 -/ 3 -/ 3 -/ Notary Expiration Date AND: 4. TITLE COMPANY CERTIFICATION certify that the legal description of the land and ownership is true and correct per the real property records SIGNATURE / POSITION 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:

I a building permit has been affixed to the real property as described.

I a building permit has been issued for this purpose and the attachment will be inspected upon completion. 509-427-9484

Building Trepector

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6 SIGNATURE OF LEGAL OWNER	
TECHE OWNER INDICATES CONSENT	FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.
Signature of Legal Owner and Title, IF APPLICAB	
Signature of Additional Legal Owner and Title, IF APPLICAB	LE
NOTARY SEAL OR STAMP NOTARIZATIO	DIVIDENTIFICATION FOR LEGAL OWNER(S) SIGNATURE
JOE MOLEY State of Washington Ki	AC. Signed or attested
NOTARY PUBLICITY	before me on
STATE OF WASHINGTON BY YICHAA TON	Signature (MIN)
COMMISSION EXPIRES PRINT NAME OF LEGAL OWN	NOTATE OR AGENT
PRINT NAME OF LEGAL OWN	PRINTED NAME OF NOTARY
Title Authorized A	AMP County/Office No. OF
DEALERSHIP POSITION/AG.	NUNOTARY
ot 1 of the Russalls W-1	Notary Expiration Date 11/19/6>
02, in the County of Skamania, STat	sion recorded in Book B of Plats, Page
he Russells Meadow Subdivision recont the County of Skamania, State of	rest in the Pond known as Lots 2 & 3 of
n the County of Skamania, State of	Washington.
/ /	and the same
DEALERS	./
DEALERS REPORT OF SALE	
ANY REQUIRED SALES TAX HAS BEEN COLLECTED.	VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN.
LER NAME (TYPED OR PRINTED)	WA DEALER NUMBER DATE OF SALE
CHASE PRICE TAX JURISDICTION/TAX RATE DEALER	S AUTHORIZED SIGNATURE
USE TAX EXEMPT Sale to a Cartified Tribal manufacture	
	on the reservation (attach notarized statement of delivery).
rifly that the above application appears to have been complete	d correctly, and the applicant has sufficient documentation to proceed with
E (TYPED OR PRINTED)	
Angelo Mosor	COUNTY OFFICEVES OPERATOR NUMBER
ATURE ON	30-01-08
TITLE FEES	
G FEE APPLICATION MOBILE HOME FEE	10000
- AVOILE HUME FEE	ELIMINATION FEE USE TAX SUBAGENT FEES
	TOTAL FEES & TAX
	No. Tees a IX
IMPORTANT: Once the application has been	
Licensing Office, take your applie	pproved by the County Auditor / Vehicle cation form to the County Recording Office.
you original application form, oo	tain a certified copy of the recorded form.
APPLICANTS: Once recorded, you mus	t return to a Vehicle Ligansian office and
Manufactured Home App licensing subagents char	NICATION DAVIDO All réquire d'Anna 11.1.1.
storioting subagerits criai	ge a service fee.
or Transfer in Location, see form TD-420-730.	r Title Elimination, Removal from Real Property Manufactured Home Application Instructions

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) 664-8885.

TO-420-729 MANUF HOME APPL (R/8/96)OR Page 2 of 2