

138832

BOOK 201 PAGE 612

## RETURN ADDRESS

Donald E. McClintock

PO Box 55426

Portland OR 97238


Fidelity Nat. Title Co.

Aug 11 - 2 03 PM '00

AMUSER

GARY L. CLON

STATE OF WASHINGTON Department of <b>Licensing</b>		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	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1999	Guerdon	56 X 26.6	GDSTOR-1799-20928	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 2				REAL PROPERTY TAX PARCEL NUMBER	
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				02-05-14-2-2-0113-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		HIDEAWAY ON THE WASHOUGAL			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		1		1	
NAME OF REGISTERED OWNER					
Donald E McClintock					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
16311 Washougal River Road		CITY	Washougal	STATE	ZIP CODE
			WA		98671
NAME OF LEGAL OWNER					
Washington Mutual Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
5285 SW Meadows Road, Suite 451		CITY	Lake Oswego	STATE	ZIP CODE
			OR		97034
<b>GRANTEE</b>					
NAME					
State of Washington 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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Washington					
Signed or attested before me on 2/22/00					
by Donald E McClintock					
PRINT NAME OF REGISTERED OWNER					
Signature Connie M. Woods					
NOTARY OR AGENT					
by					
PRINT NAME OF REGISTERED OWNER					
PRINTED NAME OF NOTARY					
Title					
County/Office No. OR					
Dealer No. OR					
Notary Expiration Date					
<b>4 TITLE COMPANY CERTIFICATION</b>					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED)					
Connie M Woods					
TITLE COMPANY / PHONE NUMBER					
Fidelity National Title of Oregon (503) 292-8777					
SIGNATURE / POSITION					
Connie M. Woods, Escrow Officer					
DATE					
2/22/00					
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that:					
<input 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)					
Mardon Morat					
BLOG PERMIT OFFICE/PHONE #					
509-427-9484					
BLOG PERMIT #					
08-00					
SIGNATURE / POSITION					
Mardon Morat, Building Inspector					
DATE					
8-10-00					

<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>Jan Johnson</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
 <b>SUE J LEE</b> NOTARY PUBLIC-OREGON COMMISSION NO. 313587 MY COMMISSION EXPIRES JUNE 15, 2002		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of Washington <u>OREGON</u> Signed or attested before me on <u>6/14/00</u> County of <u>Clackamas</u> by <u>Jan Johnson</u> Signature <u>Sue J Lee</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT NAME OF LEGAL OWNER <u>Sue J Lee</u> PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR AND: Notary Expiration Date <u>6-15-2002</u>			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 1, HIDEAWAY ON THE WASHOUGAL, according to the recorded Plat thereof, recorded in Book A of Plats, Page 151, 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 TAX 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/MS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>8-11-00</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> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <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> </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.