

138870

## RETURN ADDRESS

Peggy Lowry

P O Box 235

Carson, WA 98610

Peggy Lowry

Aug 15 2 21 PM '00

Amoser

☒ Title Elimination  
☐ Transfer in Location  
☒ Removal from Real Property

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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER 254709	YEAR 1984	MAKE FLTWD	LENGTH/WIDTH (FEET) 70 X 14	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL1AD37314942	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 04-07-35-0-0-0300-00					
LOT 2	BLOCK	PLAT NAME George T. Hollenberry Short Plt		SECTION/TOWNSHIP/RANGE 35/4/7	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Lowry, Mark C.					
NAME OF ADDITIONAL REGISTERED OWNER Lowry, Peggy B.					
ADDRESS P O Box 235 CITY Carson STATE WA ZIP CODE 98610					
NAME OF LEGAL OWNER Crossland Mortgage					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 9115 SW Oleson Rd CITY Portland STATE OR ZIP CODE 97223					
<b>GRANTEE</b>					
NAME State of WA, 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 Peggy B Lowry					
Signature of Additional Registered Owner and Title, IF APPLICABLE Mark C Lowry					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania SIGNED or attested before me on Aug 14, 2000 by Peggy B Lowry PRINT NAME OF REGISTERED OWNER Signature Angel Moser NOTARY OR AGENT by Mark C Lowry PRINT NAME OF REGISTERED OWNER Title Agent PRINTED NAME OF NOTARY AND: County/Office No. OR 30-0108 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) Jim Copeland					
TITLE COMPANY / PHONE NUMBER Skamania County Title 509-427-5681					
SIGNATURE / POSITION 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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT # SIGNATURE / POSITION DATE					

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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>Jeffrey D. Jones, Senior Officer VP</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Crossland Corp.</u>					
NOTARY SEAL OR STAMP		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
		State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>Aug. 11, 2008</u>	
		by <u>Jeffrey D. Jones</u>		Signature <u>Angela Moser</u>	
		by <u>Angela Moser</u>		NOTARY OR AGENT	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
		Title <u>Agent</u>		County/Office No. OR <u>300108</u>	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR <u>300108</u>	
				Notary Expiration Date	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
<p>The South half of the Northwest Quarter of the Northeast Quarter of the Northwest Quarter of Section 35 Township 4 North Range 7 East of the Willamette Meridian, Skamania County, Washington.</p> <p>Also Known as Lot 2 of the George T. Hollenberry Short Plat as filed for record in Book 2 of Short Plats at Page 143, Records of Skamania County, Washington.</p>					
<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)			COUNTY OFFICER'S OPERATOR NUMBER		
Signature <u>Angela Moser</u>			<u>30-0108</u>		
Signature <u>Angela Moser</u>			DATE <u>8-14-08</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 0;"> <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.





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## RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO. 7654709		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) WAFL1AD37314942	
YEAR 1984	MAKE FLTWD	SERIES/BODY TYPE 70/14	TITLE NUMBER 9925629903

**LIENHOLDER'S RELEASE OF INTEREST** **REQUIRES NOTARIZATION/CERTIFICATION. UNLESS A BUSINESS ENTITY**  
MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.  
I (We) release all interest in the above described vehicle/vessel.

Crossland Mortgage	<i>[Signature]</i>	<i>[Signature]</i>
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

**REGISTERED OWNER'S RELEASE OF INTEREST** **REQUIRES NOTARIZATION/CERTIFICATION**  
I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER
TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER

**NOTARIZATION / CERTIFICATION**

NOTARY SEAL OR STAMP	State of Washington County of <u>Skamania</u> Signed or attested before me on <u>August 11, 2000</u> by <u>Jeffery Jones for Crossland Mortgage</u> Printed Name of Person Signing Document Notary's Name (PRINTED or STAMPED) Title <u>Agent</u> Notary / Agent	Signature <u>[Signature]</u> Notary / Agent Signature Dealer No. OR AND: County / Office No. OR <u>30-01-08</u> Notary Expiration Date
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**POWER OF ATTORNEY** **REQUIRES NOTARIZATION/CERTIFICATION**  
TO: THE DEPARTMENT OF LICENSING  
Title & Registration Services  
Olympia, Washington  
And To Whom It May Concern:

I appoint \_\_\_\_\_ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

**NOTARIZATION / CERTIFICATION**

NOTARY SEAL OR STAMP	State of Washington County of _____ Signed or attested before me on _____ by _____ Printed Name of Person Signing Document Notary's Name (PRINTED or STAMPED) Title _____ Notary / Agent	Signature _____ Notary / Agent Signature Dealer No. OR AND: County / Office No. OR Notary Expiration Date
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\* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).