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BOOK 201 PAGE 926
FILED FOR RECORD
SKAMANIA CO. WASH
BY Darlene Goodrich

Aug 22 1 16 PM '00
AUDITOR
GARY M. OLSON

RETURN ADDRESS

CASCADE EQUIPMENT & DEVELOPMENT, LLC
121 GOODRICH ROAD
CARSON WA 98610

STATE OF WASHINGTON
Department of Licensing

MANUFACTURED HOME APPLICATION

☒ TITLE ELIMINATION
☐ 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)

MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH (WIDTH)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2000	BAYCREST	48 X 28.6	GDSTOR-1000-21463

LAND — LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED — PROPERTY TAX ACCT. NUMBER 03-05-17-2-3-0117-00

LOT	BLOCK	PLAT NAME	SECT-TOWN-RANGE
17		RUSSELL'S MEADOWS SUBDIVISION	SEC 17 3N R8

GRANTOR(S) REGISTERED/LEGAL OWNER(S) — ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	1	1

NAME OF REGISTERED OWNER
CASCADE EQUIPMENT & DEVELOPMENT, LLC
NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS: 121 GOODRICH RD — CITY: CARSON — STATE: WA — ZIP CODE: 98610

NAME OF LEGAL OWNER: SAME
NAME OF ADDITIONAL LEGAL OWNER

ADDRESS — CITY — STATE — ZIP CODE

GRANTEE

NAME: DEPARTMENT OF LICENSING

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE

Signature of Registered Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SKAMANIA

Signed or attested before me on 8-21-00

by Darlene Goodrich
PRINT NAME OF REGISTERED OWNER

PRINT NAME OF REGISTERED OWNER

Title
DEALERSHIP POSITION/AGENT/NOTARY

Signature
NOTARY OR AGENT

Carlene Camp
PRINT OR STAMP NAME OF NOTARY

County/Office No. OR
AND: Phone No. OR
Notary Expiration Date 06-30-03

NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXP. JUNE 30, 2003

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.

BUILDING PERMIT OFFICE CERTIFICATION

I certify that:
☐ the manufactured home has been affixed to the real property as described.
☐ 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	29-00

SIGNATURE / POSITION: Marion Morat BUILDING INSPECTOR — DATE: 8-22-00

TD-420-719 MANUF HOME APPL (REVISED) Page 1 of 2

BOOK 201 PAGE 927

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 Darlene Goodrich

Signature of Additional Legal Owner and Title, IF APPLICABLE

CARLENE M. CAPP NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JUNE 30, 2003

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of SKAMANIA

Signed or attested before me on 8-21-00

by Darlene Goodrich MEMBER
PRINT NAME OF LEGAL OWNER

Signature
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title
DEALER/BP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 06-30-03

LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

North 1/2 of the SW 1/4 Section 17 Township 3 North, Range 8 East Willamette Meridian.
Lot 17, Russell's Meadows Subdivision, according to the recorded Plat thereof, recorded in Book B of Plats, Page 102, in the County of Skamania, State of Washington.

Together with an individed 1/31 intrest in and to the Retention Pond Lots 2 & 3 of the Russell's Meadows Subdivision.

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

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Angela Nasser	30-01-08

SIGNATURE	DATE
Angela Nasser	8-22-00

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.