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BOOK 201 PAGE 928
 FILED FOR RECORD
 SKAMANIA CO. WASH
 BY *Carlene Goodrich*

AUG 22 1 19 PM '00
Amable
 AUDITOR
 GARY M. OLSON

RETURN ADDRESS

CASCADE EQUIPMENT & DEVELOPMENT, LLC

121 GOODRICH RD

CARSON, WA 98610

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 49.12.210)					
MANUFACTURED HOME					
TPO / PLATE NUMBER 81387M	YEAR 1975	MAKE BEND	LENGTH/WIDTH (FEET) 44 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 24DG030799	
LAND					
LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-20-7-1-0000-00					
LOT 1	BLOCK	PLAT NAME JOHN BASTROM SHORT PLOT #3		SECTION/TOWNSHIP/RANGE 20-3-2	
GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 1		NUMBER OF LEGAL OWNERS 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					
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>Carlene Goodrich</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Member</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of SKAMANIA		Signed or attested before me on 8-21-00			
by <i>Carlene Goodrich</i> Member PRINT NAME OF REGISTERED OWNER		Signature <i>Carlene Goodrich</i> NOTARY OR AGENT			
by <i>Carlene Camp</i> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Carlene Camp			
Title DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 06-30-03			
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: <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) MARLON MORAT		BLDG PERMIT OFFICE/PHONE # 509-4279484		BLDG PERMIT # 157498	
SIGNATURE / POSITION <i>Marlon Morat</i>		BUILDING INSPECTOR		DATE 8-22-00	

BOOK 201 PAGE 929

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 <u>Debra L. Loefer Member</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
State of Washington County of <u>SKAMIAWA</u>		Signed or attested before me on <u>8-21-08</u>			
by <u>Debra L. Loefer</u> PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT			
by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>CARLENE CAMP</u>			
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County Office No. OR Dealer No. OR Notary Expiration Date <u>06-30-09</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
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)		COUNTY OFFICE/VFS OPERATOR NUMBER			
<u>Angela Moser</u>		<u>30-01-08</u>			
SIGNATURE				DATE	
<u>Angela Moser</u>				<u>8-22-08</u>	
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-420-1 ! 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) 564-8885.

BOOK 201 PAGE 930



**MANUFACTURED HOME APPLICATION
ADDITIONAL ATTACHMENT**

Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer in Location

LAND: PROPERTY TAX PARCEL NUMBER:

3-8-20-2-1-0400-00

LEGAL DESCRIPTION:

A tract of land in the Northwest Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the JOHN BASTROM SHORT FLAT NO. 3, recorded in Book 2 of Short Flat, Page 141, Skamania County Records.

Also Lot 2 of the JOHN BASTROM SHORT FLAT NO. 2, recorded in Book 2 of Short Flats, Page 140, Skamania County Records.

EXCEPTING THEREFROM THE FOLLOWING:

Beginning at the Northeast corner of said Lot 1 of the said John Bastrom Short Flat, recorded in Book 2 of Short Flats, Page 141; thence Southerly along said East line a distance of 285 feet to the Southeast corner of said Lot 1; thence West 28.5 feet; thence Northerly parallel with the East line of said Lot 1 a distance of 285 feet to the North line of said Lot 1; thence East along the North line of said lot 28.5 feet to the point of beginning.