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FILED FOR RECORD  
SKAMIA CO. WASH  
BY SAHARA CO. LTD

Nov 1 11 29 AM '00

Amosee  
AUDITOR  
GARY M. OLSON

RETURN ADDRESS

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 45.12.210)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Everest	56 X 26'8"	2376	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				03-75-36-3-2-2090-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		Ridge View Hills			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER					
CALVIN E. BEARD					
NAME OF ADDITIONAL REGISTERED OWNER					
ROBIN L. BEARD					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 369		Carson	WA	98610	
NAME OF LEGAL OWNER					
RIVERVIEW COMMUNITY BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1068		Camas	WA	98607	
<b>GRANTEE</b>					
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 Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES by September 13, 2003		State of Washington County of Skamania Signed or attested before me on June 28-00 Signature NOTARY OR AGENT Printed Name of Notary James R. Copeland AND: County Office No. OR Dealer No. OR 7-13-03 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)		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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input checked="" 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 #	
DAVID NAIL		509-427-5970		00-035	
SIGNATURE / POSITION		DATE			
David Nail					

TD-420-729 MANUF HOME APPL (R 7/98) OR Page 1 of 2

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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 <i>James R. Copeland, Jr.</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R. COPELAND, JR. MY COMMISSION EXPIRES September 13, 2008		State of Washington County of <i>Skamania</i>		Signed or attested before me on <i>10-26-08</i>	
		PRINT NAME OF LEGAL OWNER		Signature <i>[Signature]</i>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		Title <i>Notary</i>		PRINTED NAME OF NOTARY <i>James R. Copeland, Jr.</i>	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: County Office No. OR Dealer No. OR <i>9-13-08</i> Notary Expiration Date	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A portion of Lot 1 Ridge View Tracts according to the recorded plat thereof, recorded in Book A of Plats, Page 150, in the County of Skamania State of Washington, described as follows: Lot 2 of the Short Plat, recorded in Book T of Short Plat, Page 17, Skamania County Records. Except that portion lying within Road.					
<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"/> USE TAX EXEMPT 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) <i>Angela Moser</i>			COUNTY OFFICE/VES OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>			DATE <i>11-1-08</i>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<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.					
<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.					
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.

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<b>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 _____	
Signature of Additional Legal Owner and Title, if APPLICABLE _____	
<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
NOTARY SEAL OR STAMP	State of Washington _____ County of _____ Signed or Assented before me on _____ by _____ PRINT NAME OF LEGAL OWNER _____ Signature _____ by _____ PRINT NAME OF LEGAL OWNER _____ Title _____ PRINTED NAME OF NOTARY _____ AND: County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date _____
<b>LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>	
<b>DEALER'S REPORT OF SALE</b>	
I CERTIFY THAT THE INFORMATION IS CORRECT. THE VEHICLE IS CLEAN OF ENCUMBRANCES EXCEPT AS SHOWN.	
ANY REQUIRED SALES TAX HAS BEEN COLLECTED.	
DEALER'S NAME: <b>IDEAL Homes</b> PURCHASE PRICE: <b>52219.69</b> THE AFFECTION OF THE SALE: <b>SALE</b> DEALER'S LICENSE NO.: <b>DA022</b> DATE: <b>9/9/00</b> <input checked="" type="checkbox"/> <b>USE TAX EXEMPT</b> Sale to a Certified Used Vehicle on for Resale (attach notated statement of delivery). VAL: (Not for use by Subsequent) _____ properly, and the applicant has sufficient documentation to proceed with _____ CLARITY OF RECORDS OPERATOR NUMBER _____ DATE _____ ELIMINATION FEE _____ USE TAX _____ SURVEY FEE _____ TOTAL FEE & TAX _____	
approved by the County Auditor / Vehicle sales form to the County Recording Office. a photocopy of the recording office record into a certified copy of the recorded facts. it refers to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle Licensing subsequently 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-430-730, Manufactured Home Application Instructions.	