ROOK 204 PAGE 67

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SKAMANIC OF WASH
BY MANAGE COUNTY

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RETURN ADDRESS			•	es m	
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				GARY M.	OLSON
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<u> </u>					
STATE OF MASHINGTON Department of LICENSING Anyone who knowingly male	7	ANUFACTURED IN APPLICATION (atement of a material fact is g	LXTITL □TRA	E ELIMINATION NO PER IN LO	HECK ONE ON CATION REAL PROPERTY
of a felony, and upon convi	ction may be	punished by a fine, imprison	ment, or both. (RC)	V 45.12.210)	b
MANUFACTUREDHOM					
TPO / PLATE NUMBER YEAR	c / Fi	LEVGTHWOTH FEET	2.5		
2 LAND	- 1 -		L DESCRIPTION OF		4 %
MANUFACTURED HOME W	ILLBE 귒		REAL PROPERTY T.	AX PARCEL NUMBE	
LOT BLOCK	·	LAT NAVE		3-2-2090 SECTIONTOWNS	
3 GRANTOR(S) REGISTE	DEDA FOAT	Ridge view	Macks		
COUNTY NUMBER	NEWLEGAL	MUYBER OF REGISTERED CHINERS	TIONAL NAMES OF	PAGE	FRE
30 NAME OF REGISTERED OWNER		. 2		1	,
CALVIN E. BEARD NAME OF ADOITIONAL REGISTERES		W.,			
ROBIN L. BEARD	OWNER	-	₩.		-
PO Box 369	1	CITY	·		IP CODE
NAME OF LEGAL OWNER		Carson	·	_WA 9	8610
RIVERVIEW COMMUNI					
· · · · · · · · · · · · · · · · · · ·	, A			- 44	
ADORESS		CITY	· ·	STATE Z	P COOE
PO Box 1068		Camas		WÁ	8607
NAME	-		-4	-	
Department of IDO SOLEMNLY ATTEST UVEHICLE AND THIS INFORM	NOFR PENA	TTY OF OCCURRY THAT LINE	E AM/ARE THE REC	SISTERED OW	NER(S) OF THIS
Signature of Regist	ered Owner a	and Title, IF APPLICABLE	$\leq also$	7 B1	<u> </u>
Signature of Additional Regist	ered Owner a	and Title, IF APPLICABLE X	Dabin	00 a	a
NOTARY SEAL OR STAMP		OTARIZATION/CERTIFICATIO	NFORREGISTER	DOWNER(S)	SIGNATURE
<u> </u>	- State of W	County of		or attested fore me on _ 7	Ture 24-06
Notary Public	i - 1	10.			
State of Washingto	D by PAINT	MANE OF REGISTERED OWNER	Signature	OTADOO ASENT	7/1
JAMES R COPELAND MY COMMISION EXPIRE	ESS OYL_		Tone	5 1.	ce tine
September 13.2003	I PRINT!	VANE OF REGISTERED OWNER	PRINTED NAV	AE OF NOTARY County Office N	000
		THE POSTON ASENT YOTARY	AND:	Dealer Notary Expiration	o OR / // -6%
4 TITLE COMPANY CERTIL Certify that the legal description	CATION	and ownership is true and corre			
NAME (TYPED OR PRINTED)		TITLE	COMPANY/PHONE NU	rty records.	
SIGNATURE / POSITION					
		. 🛰			DATE
Finalize this application with	a Licensinç	Agent within 10 calendar day	s of the date Title C	ompany Repres	sentative signs
S BOILDHIG FLIMIT OFF	CECENTIFIC	ATION			
	ling permit ha	ome has been affixed to the real is been issued for this purpose a	nd the attachment wi	ed. II be inspected u	pon completion
DAVID NA		BLDG PERVIT OFFICE/PHOA	· E #	BLDG PERMIT	•
SIGNATURE / POSITION	<i>دل</i> الحـــــــــــــــــــــــــــــــــــ	5	07-427-597	0-00 100	35
David Ma	D				LATE

6 SIGNATURE OF LEGAL	OWNER	·	· .		· _
SIGNATURE OF LEGAL OW		SENT FOR ELIMINAT	ION OCTITLE	ADEMOVAL CO	011 0511 0511
		-	booti	HEMUVALIH	OM REAL PROPERTY.
	Owner and Title, IF APP	f = f + f + f	TILFIEL	rzie DP	<u> </u>
Signature of Additional Legal (
NOTARY SEAL OR STAMP	NOTAR	ZATION/CERTIFICAT	IONFORLEG	AL OWNER(S) S	IGNATURE
Notary Pub	State of Washington	Staman.	Sig	ned or attested	10-26-50
State of Washi	ington County of	A Kerian	^	before me on _	10 - 16 - 10
JAMES B COPEL	LAND, JR	#E 46	Signatu	· - 7:	will a
MY COMMISION E	XPIRES LAT NIME OF LE	GAL OWNER		MOTAT CRASE	NE
September 13,	2008y	CN CM CO	J-1		copeland X
			PRINTED	NAVE OF NOTARY County Office	No. OÁ
		IONAGENTANOTARY	Al-		r No. Of Y 7 103
7 LAND DESCRIPTION (A	legal description of th	e land can be obtaine	d from the loca		
A portion of Lot					
tnereol, recorded	in Book A of	Plats, Page 1	50. in th	ie County i	piat of Skamania
state of washingt	on, described	as follows:			4
Lot 2 of the Shor	t Plat, record	ded in Book T	of Short	Plat, Page	e 17,
Skamania County R	ecords.				
Except that porti	on lying with:	in Road.	•	. 40	
400	B			- 48	- 1
	The state of	,		700	
8 DEALER'S REPORT OF					
ANY REQUIRED SALES T	WY LIVE REEN COLFF	CT. THE VEHICLE IS C CTED.	LEAR OF EN	CUMBRANCES	XCEPT AS SHOWN.
CEALER NAME (TYPED OR PRINTED	*		WA CEALER I	YUMBER	DATE OF SALE
PURCHASE PRICE TAI	K JURISOICTION/TAX RATE	DEALER'S AUTHORIZED S	GNATURE		1
USE TAX EXEMPT	Sale to a Certified Triba	member on the reserva	tion (attach not	arized statement	of delivery)
S COUNTY AUDITOR/AGE	NT LICENSING OFFIC	E APPROVAL: (Not fo	x use by Subs	igents)	
I certify that the above application the recording of this form.	in appears to have been	completed correctly, and	Ithe applicant h	as sufficient docu	mentation to proceed with
NAME (TYPED OR PRINTED)	·		\sim	CENTS OPERATOR	
SIGNATURE S	loser		<u> </u>	<u> </u>	
dason	hien.	. 4		D,	ATE
10 TITLE FEES	TASIL .	_			11-1-00
FILING FEE APPLICAT	TION MOBILE H	OME FEE ELIMINATIO	N FEE US	SE TAX	SUBAGENT FEES
-					TOTAL FEES & TAX
				-	L
Lice Reta	e the application has ensing Office, take you ain proof of the reco r original application	our application form roing fees paid, If the	to the Count e Recording	y Recording O	ffice.
APPLICANTS		you must return to			
	Manufactured F	iome Application, pa	iying ali regu	ensing office to fred fees. Vahi	o rije the
	licensing subag	ents charge a servic	e fee.		
For full instruction	OS OO COmpleting thi	is form for Tale Fr	ination D-		
or Transfer in Lo	ns on completing thi cation, see form TD	-420-730, Manufacti	navon, Hem Jred Home A	oval from Real Dolication Insti	Property

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8885.

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

SHEWATURE OF LEGAL C			
ENGINATURE OF LEGAL DW	ER MUCATES COMMENT P	OR SUMMATION OF TITLE / REMOVAL FROM R	FAI PROPERTY
Signature of Lague C	owner and Time, of APPLICABLE	<u></u> -	
Signature of Additional Legal C	Perner and Time, IF APPLICABLE	· ·	7
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	\$1000-of Westington		TUPE
*	Courty of	Signed or asseked	
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*	Dy PRINT HAND OF LABOR, OWNER	Signature	460
		INCOME OF PARTY OF PARTY.	
	Principles of Libbs, Owner		
		Company Name and	
	DESCRIPTION PORTOURS		38
LAND DESCRIPTION A	aged discovery data of the band o		
		to by obtained from the local County Assessor's	Cilling
	Apr. 100 pt 1		
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		700	
DEALERS REPORT OF	ALE		·
CERTIFY THAT THE WAY	MANAGEMENT THE	VEHICLE IS CLEAN OF ENCOMEMORIES SHE	
	AT 1665 DESIGNATION CONTROLLED		7 1 PE BENJEM,
IDEAL H		THE COURSE NAMED IN COLUMN CO.	1000
	om <i>e</i> s	DA023 19	19/00
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<u>*</u> `∧		correctly, and the applicant has sufficient document.	allow to proceed with
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_		DATE	
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to f	: 11 1	Sproved by the County Auditor / Vehicle	Pinks & Tag
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Type need special descriptionals, please out (200) 909-9000 or TDO (200) 909-90