

139540

BOOK 204 PAGE 72

RETURN ADDRESS

FILED FOR RECORD
SKAMIA, WASH.
BY CHAMBERLAIN CO. HILL

Nov 1 11 27 AM '00

GARY M. OLSON
AUDITOR

STATE OF WASHINGTON
Licensing
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 APPLICATION **PLEASE CHECK ONE**
☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME
 ID / PLATE NUMBER: 2000 MAKE: Palm Harbor LENGTH (IN FEET): 48 X 41 VEHICLE IDENTIFICATION NUMBER (VIN): PH204347A

2 LAND
 LEGAL DESCRIPTION ON PAGE 2
 MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED REAL PROPERTY TAX PARCEL NUMBER: 03-08-21-2-0-1600-06

3 GRANTOR(S) REGISTERED LEGAL OWNER(S)
 COUNTY NUMBER: 30 NUMBER OF REGISTERED OWNERS: 2 NUMBER OF LEGAL OWNERS: 1
 NAME OF REGISTERED OWNER: Marshall Skaar
 NAME OF ADDITIONAL REGISTERED OWNER: Janet Skaar
 ADDRESS: 121 Barnes Road CITY: Carson STATE: WA ZIP CODE: 98610
 NAME OF LEGAL OWNER: CONSECO FINANCIAL SERVICING CORPORATION DOL # 601628402
 NAME OF ADDITIONAL LEGAL OWNER:
 ADDRESS: P.O. BOX 3290 CITY: FEDERAL WAY STATE: WA ZIP CODE: 98023

GRANTEE
 NAME: Department 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: *Marshall Skaar*
 Signature of Additional Registered Owner and Title, IF APPLICABLE: *Janet M. Skaar*

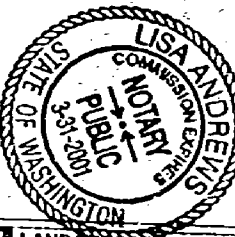
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
 State of Washington County of *Silverman* Signed or attested before me on *10-8-2001*
 by *Marshall Skaar* Signature: *Paula Seaman*
 by *Janet Skaar* Signature: *Paula Seaman*
 Title: *Notary* PRINTED NAME OF NOTARY: *Paula Seaman*
 DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR *10-8-01*
 Dealer No. OR
 Notary Expiration Date

4 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.

5 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): *Marlon Morat* BUILDING PERMIT OFFICE PHONE # *509-427-9484* BUILDING PERMIT # *131-00*
 SIGNATURE / POSITION: *Marlon Morat, Building Inspector* DATE: *10-24-00*

TD 426 728 MANUF HOME APPL (7/99) OR Page 1 of 2

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 <i>X Cara Ruth of CFSC</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <i>5/30/08</i>	
		County of <i>King</i>			
		by <i>Carolea Financial</i>		Signature <i>Lisa Andrews</i>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by <i>Lisa Andrews</i>		PRINTED NAME OF NOTARY	
		FIRST NAME OF LEGAL OWNER		County/Office No. ON <i>3-31-08</i>	
		Title <i>Notary</i>		Dealer No. ON	
		DEALER(S) POSITION/AGENT/NOTARY		Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lots 4 & 5 Chester R. Nelson according to the recorded plat thereof recorded in Book A of Plat, Page 111, in the County of Skamania, State of Washington.					
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)		TAX JURISDICTION/LAX RATE		WA DEALER NUMBER	DATE OF SALE
<i>Palm Harbor Village</i>		<i>7%</i>		<i>601-614-424</i>	<i>6-2-00</i>
PURCHASE PRICE		DEALER'S AUTHORIZED SIGNATURE			
<i>95,830.-</i>		<i>Judy J. Connor</i>			
☐ USE TAX EXEMPT Sale to a Certified Tribal member or 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/VS OPERATOR NUMBER			
<i>Angela Moser</i>		<i>30-01-08</i>			
SIGNATURE		DATE			
<i>Angela Moser</i>		<i>11-1-00</i>			
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-420-730, 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.