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139799

FILED FOR RECORD
SKAMANIA CO. WASH
BY

Dec 1 2 24 PM '00

AUDITOR
GARY M. OLSON

RETURN ADDRESS
MAILA AND JOHN DAVENPORT
2523 NE 25th Ave.
Portland OR. 97212

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] 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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
$94800	1979	FRTCB	60 X 24	5912UX

2 LAND

LEGAL DESCRIPTION ON PAGE XX 2

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 01-06-06-0-0-0318-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
10	2	2

NAME OF REGISTERED OWNER: MAILA TAYLOR DAVENPORT

NAME OF ADDITIONAL REGISTERED OWNER: JOHN WAYNE DAVENPORT

ADDRESS	CITY	STATE	ZIP CODE
2523 NE 25th Ave.	Portland,	OR	97212

NAME OF LEGAL OWNER: WASHINGTON MUTUAL BANK

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
811 SW 6th Ave.	Portland	OR	97204

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: Maila Taylor Davenport

Signature of Additional Registered Owner and Title, IF APPLICABLE: John Wayne Davenport

NOTARY SEAL OR STAMP: PAULA SEAMAN COMMISSION EXPIRES NOTARY PUBLIC OCTOBER 8, 2001 STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania

Signed or attested before me on: 11-6-00

by Maila Taylor Davenport
PRINT NAME OF REGISTERED OWNER

by John Wayne Davenport
PRINT NAME OF REGISTERED OWNER

Signature / NOTARY OR AGENT: Paula Seaman

PRINTED NAME OF NOTARY: Paula Seaman

Title: Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 10-8-2001

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: [X] 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 #
Marlon Morat	509-427-9484	

SIGNATURE / POSITION: Marlon Morat, Building Inspection | DATE: 11-29-00

TD-420-729 MANUF HOME APPL (Rev 6/00) OR Page 1 of 2

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NOV 1 4 2000

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 X Patricia A Stevenson

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

OFFICIAL SEAL
SAUNDRA J ERB
NOTARY PUBLIC-OREGON
COMMISSION NO. 080740
MY COMMISSION EXPIRES JAN 8, 2001

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of ~~Washington~~ OREGON
County of CLACKAMAS
Signed or attested before me on 11-9-00
PATRICIA A. STEVENSON
PRINT NAME OF LEGAL OWNER
Signature Saundra J Erb
NOTARY OR AGENT
WASHINGTON MUTUAL
by
PRINT NAME OF LEGAL OWNER
Saundra J. Erb
PRINTED NAME OF NOTARY
Title OPERATIONS SUPERVISOR
DEALER/MFR. FOR SUBAGENT/NOTARY
AND:
County/Office No. OR
Dealer No. OR
Notary Expiration Date 1-8-01

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

A tract of land in the South Half of the Northwest Quarter of Section 6, Township 1 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Short Plat, recorded in Book 2 of Short Plats, Page 51, Skamania County Records.

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	

☐ 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
Angela Moser	30-01-08
SIGNATURE	DATE
Angela Moser	12-1-00

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.