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FILED FOR SECOND SKAHAR FOR 32, WASH BY MARK COUNTY ILLY Jan 3 2 19 PH OI AMOSER RETURN ADDRESS PACIFIC NORTHWEST TITLE GARY M. OLSON 214 SW 2ND AVENUE CANBY, OR 97013 STATE OF WASHINGTON **MANUFACTURED HOME** PLEASE CHECK ONE ☑TITLE ELIMINATION ☐TRANSFER IN LOCATION <u>Licensing</u> **APPLICATION** PREMOVAL 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) MANUFACTUREDHOME TPO / PLATE NUMBER YEAF: LENGTHWIOTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIVI) 2000 4 ORFI X483 27071-8513 LEGAL DESCRIPTION ON PAGE 2 2 LAND REAL PROPERTY TAX PARCEL NUMBER 02-06-32-0-0-0400-00 MANUFACTURED HOME WILL BE AFFIXED REMOVED 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE NUMBER OF REGISTERSO OWNER NAME OF REGISTERED OWNER GREGORY A. WOODERSON NAME OF ADDITIONAL REGISTERED OW 1102 Archer Mm. Rs STATE ZIP CODE 98648 CONSECO FINANCE HAME OF ADDITIONAL LEGAL CHINER 2.0. BOX 1570 - TUALATIN, OR 97062 GRANTEE I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AWARE 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 OFRICIAL SEAL
PHYTLLIS P. WEINER
NOTARY PUBLIC-OREGON
COMMISSION NO. 321714 PRINT
MY COMMISSION DEPRES MARCH 17, 2003 Signed or attested before me on April 20th County of Marien PRINTED NAME OF NOTARY

COUNTY/Office No. OR

AND:

Notary Expliration Date hylych 17, 3ur 4 TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership is true and correct per the real property records. WHE (TYPED OR PRINTED) TITLE COMPANY / PHONE NUMBER JEAN I. KARP SGHANGHEIPOSITION PACIFIC NORTHWEST TITLE IZ-ZL-CC

Itse this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. **BUILDING PERMIT OFFICE CERTIFICATION** I certify that: If the manufactured home has been affixed to the real property as described. 509-427-9484 Building Tropotor

ROOK 205 PIGE 641

BOOK 205 PAGE 612

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	OF LEGAL OWNER		<u>-</u>					
SIGNATURE OF	LEGAL OWNER IN	CATES CONSENT F	OR ELIMINATI	ONOF	ITLE / PENCE	i kas	M DE AL SERVICIO	
		d Title, IF APPLICABL		tall	MIDIA	AL PHU	M HEAL PHOPERTY	
Signature of Additi	ional Legal Owner an	d Tide, IF APPLICABLE		. /	γ.	1	$\overline{}$	
NOTARY SEAL O	R STAMP	NOTARIZATION OY PG-03		DH FOR	LEGAL OWNE	D/01 01		
~~~~	State	of Washington U			Signed or atte	ted	5/5/00	
		REGON LOVANDOFFICAL SYME OV. 20, 2000		J	AND:	/Orlico !		
LAND DESCRI	PTION (A legal des	ALERS OF POSITION/AGEN	TADTARY	4	Afata	Dealer I Expiration		
		cription of the land ca	n be obtained	from the	local County	/20000	or's Office	
	UN C. HOUCH	, according to 04, Auditor's County, Washin	TILE NO	thei 88587	reof, reco 7, Skamani	rded a Cou	on May 21, inty Short	
road to Dun	can Creek Ro	WITH an easer subject prope ad.	ment 60 fe erty and 1	et in The fo	n width fo Ollowing e	r roa Xisti	nd and ing gravel	
DEALER'S RE	PORT OF SALE					_		
ANY REQUIRED	THIS INFORMATIC	ON IS CORRECT. THE	VEHICLE IS CL	EAR OF	ENCUMBRAN	CES EX	CEPT AS SHOWN.	
LEETHOOD RETAIL CORP. TAX APPROXIMATE DEALERS AUTHORIZED S.				WADELER MANBER PATE OF SALE 5-2000				
\$39,950	- 300	20	·					
COUNTY AUDIT	ORVAGENT LICEN	Certified Tribel member	VAL - (Manda	n (attacl	notarized state	ment of	delivery).	
artify that the above	application appears	to have been completed	correctly, and the	e applie	ubagents) Inthessufficient	thou man		
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The state of the s					COUNTY OFFICE/VFS OPERATOR MUMBER			
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TITLEFEES			_		<u> </u>	Ц_		
ING FEE	APPLICATION	MOBILE HOME FEE	ELIMENATION I	EE	USE TAX	 -	SUBAGENT FEES	
			<u> </u>		.l		TOTAL FEES & TAX	
IMPORTANT	Licensing Off Retain proof your original LICANTS: Once Man	ofication has been ap- fice, take your applic of the recording fees application form, ob- a recorded, you mus affactured Home Applicatured Home Applicatured Home Applications share share start and the start of the	auton form to s paid. If the f tain a certified t return to a V	the Cordi	unty Recording of the recorded	g Offici ns I form.		
For full is	licen	a recorded, you mus ufactured Home App sing subagents char npleting this form for the form TD-420-730,	ge a service i	99 811 re	quired fees. V	ehicle		

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.

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