

140500

BOOK 207 PAGE 372

FILED FOR JRD  
S. 4411 LASH  
WASHINGTON CO, TITLE

MAR 5 2 47 PM '01

GARY M. OLSON  
AUDITOR

## RETURN ADDRESS

CHARTER TITLE CORP.

201 NE PARK PLAZA DRIVE #105

VANCOUVER, WA 98684

ESCROW#100008-CAG

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 46.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH / WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1999	GREENBRIAR	28 X 66	2191-0282-L 48	
<b>2 LAND</b>					
LEGAL DESCRIPTION OR PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02-05-33-0024-03-00					
LOT	BLOCK	PLAT NAME	SECTION / TOWNSHIP / RANGE		
			SEC 33 T2N, R5E		
<b>3 GRANTOR(S) REGISTERED / LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		2		
NAME OF REGISTERED OWNER					
JOE LARRY QUEEN					
NAME OF ADDITIONAL REGISTERED OWNER					
BARBARA A. QUEEN					
ADDRESS					
112 RIVER VIEW DRIVE					
CITY					
WASHOUGAL					
STATE					
WA					
ZIP CODE					
98671					
NAME OF LEGAL OWNER					
WASHINGTON MUTUAL					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
12400 SE SUNNYSIDE ROAD					
CITY					
CLACKAMAS					
STATE					
OR					
ZIP CODE					
97015					
GRANTEE					
NAME					
TO THE PUBLIC					
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 <i>Joe Larry Queen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Barbara A. Queen</i>					
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of CLARK					
Signed or attested before me on 3/15/2001					
Signature <i>Carol Ann Gaither</i>					
NOTARY OR AGENT					
CAROL ANN GAITHER					
PRINTED NAME OF NOTARY					
County / Office No. OR					
AND: Dealer No. OR 12/15					
Notary Expiration Date 2001					
<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)					
CHARTER TITLE CORPORATION					
TITLE COMPANY / PHONE NUMBER					
360-254-7892					
SIGNATURE / POSITION					
<i>Carol Ann Gaither</i> ESCROW OFFICER					
DATE					
3/15/2001					
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 type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)					
Marlon Morat					
BLDG PERMIT OFFICE / PHONE #					
509-427-9484					
BLDG PERMIT #					
22-00					
SIGNATURE / POSITION					
<i>Marlon Morat</i> Building Inspector					
DATE					
2-06-2001					

<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>Marcel McCask</i> Assistant Manager					
Signature of Additional Legal Owner and Title, IF APPLICABLE: _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of <i>Clallam</i>		Signed or attested before me on <i>1-17-01</i>	
		Signature <i>Dana L. Phillips</i>		Signature <i>Dana L. Phillips</i>	
		Title _____		PRINTED NAME OF NOTARY _____	
		DEALERSHIP POSITION AGENT/NOTARY _____		AND: County Office No. OR _____ Dealer No. OR <i>11704</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 PARCEL OF LAND LOCATED IN THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 33, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS:					
LOT 3 OF THE KRIEGER SHORT PLAT AS RECORDED IN BOOK 3 OF SHORT PLATS ON PAGE 67, SKAMANIA COUNTY RECORDS.					
<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): <i>SANTIAM HOMES</i>		OR WR DEALER NUMBER <i>98940</i>		DATE OF SALE <i>4-25-00</i>	
PURCHASE PRICE <i>55,095.00</i>	TAX JURISDICTION TAX RATE	DEALER'S AUTHORIZED SIGNATURE <i>Paula M. Smith</i>			
<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>B. Cooper</i>		COUNTY DEPT. VEHICLE OPERATOR NUMBER <i>060112</i>			
SIGNATURE <i>B. Cooper</i>		DATE <i>2/14/01</i>			
<b>10 TITLE FEES</b>					
FILED FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p><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.</p> <p><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.</p> <p>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.</p>					

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.