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FILED FOR RECORD
SKAMIA, WA
BY Vicki Ehrgood

APR 5 9 32 AM '01

Amos
AUDITOR
GARY H. OLSON

RETURN ADDRESS

Vicki Ehrgood

P.O. Box 434

North Bonneville, WA 98639

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

- ☐ 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 8003316 YEAR 1990 MAKE LIBER LENGTH/WIDTH (FEET) 56 X 14 VEHICLE IDENTIFICATION NUMBER (VIN) 09L24175

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☐ AFFIXED ☒ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
02-07-20-0-0-0220-00

LOT 6 BLOCK PLAT NAME Green Acres Subdivision SECTION/TOWNSHIP/RANGE 20, T2N, R6E

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER 30 NUMBER OF REGISTERED OWNERS 2 NUMBER OF LEGAL OWNERS

NAME OF REGISTERED OWNER

Ehrgood, Vicki Jaye

NAME OF ADDITIONAL REGISTERED OWNER

Ehrgood, Ronald L.

ADDRESS

P.O. Box 434

CITY

North Bonneville

STATE

WA

ZIP CODE

98639

NAME OF LEGAL OWNER

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

CITY

STATE

ZIP CODE

GRANTEE

NAME

State of Washington, Dept 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

Vicki J. Ehrgood

Signature of Additional Registered Owner and Title, IF APPLICABLE

Ronald L. Ehrgood

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SkamaniaSigned or attested
before me on June 23, 01

by Vicki J. & Ronald L. Ehrgood

PRINT NAME OF REGISTERED OWNER

Angela Moser

NOTARY OR AGENT

by Vi

PRINT NAME OF REGISTERED OWNER

Angela Moser

PRINTED NAME OF NOTARY

Title Agent

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR 30-01-08

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)

LeRoy Parcel 1

TITLE COMPANY / PHONE NUMBER

Clark County Title

694-4722

SIGNATURE / POSITION

Clark County Title

360-4722

DATE

6-23-2000

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)

SIGNATURE / POSITION

BLDG PERMIT OFFICE/PHONE

BLDG PERMIT

DATE

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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 _____					
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 _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY _____	
		Title _____		County/Office No. OR Dealer No. OR Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY _____		AND: _____	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 6 of the Green Acres Subdivision according to the recorded Plat thereof, record in Book B of plates, Page 82, 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)		WA DEALER NUMBER		DATE OF SALE	
PURCHASE PRICE		TAX JURISDICTION/TAX RATE		DEALER'S AUTHORIZED SIGNATURE	
<input type="checkbox"/> 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/VEHICLE OPERATOR NUMBER			
Angela Moser		30-01-08			
SIGNATURE		DATE			
Angela Moser		4-4-01			
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.