141214

BOOK 210 PAGE 368
FILLE FOR REGORD
SKANISHA CO. WASH
BY DOTO Donald.

| RETURN ADDRESS | Hay 29 33 PH '01 SMUSER |
|--|---|
| Doris Donald | AUDITOR |
| 201 yule Rd. Washorgal, Wa. 9867/ | GARY M. OLSON |
| Washingal, Wa. 98671 | At the same |
| 0 / , , , , , , , , , , , , , , , , , , | 12:25 |
| | Tree . |
| STATE OF TVASHINGTON MANUFACTURED H | OME PLEASE CHECK ONE |
| ICENSING APPLICATION | ATITLE ELIMINATION TRANSFER IN LOCATION |
| Anyone who knowingly makes a false statement of a material fact is gu of a felony, and upon conviction may be punished by a fine, imprisons | DREMOVAL FROM DEAL PROPERTY |
| MANUFACTURED HOME | ent, or both. (RCW 46.12.210) |
| 18407 1975 HOMET LENGTHWOTHFEET, 48 × 24 | VEHICLE IDENTIFICATION NUMBER (VIN) |
| LAND. | DESCRIPTION ON PAGE |
| MANUFACTUREDHOME WILL BE AFFIXED REMOVED | REAL PROPERTY TAX PARCEL NUMBER |
| 107 2 BLOCK PLAT NAME . | SECTION TOWN SHIP PRANCE |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDIT | CNAL NAMES ON PAGE |
| COUNTY NUMBER NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS |
| NAME OF REGISTERED OWNER | P |
| NAME OF ADOITIONAL REGISTERED OWNER | |
| Rodger D. Donald | |
| 201 Yule Rd Woshougal | STATE ZIP CODE |
| NAME OF LEGAL OWNER | WA 98672 |
| NAME OF ADDITIONAL LEGAL OWNER | |
| ADDRESS | |
| CITY | STATE ZIP COOE |
| GRANTEE | |
| State of Wishington, Dept. of 1 | -Icensing |
| VEHICLE AND THIS INFORMATION IS ACCURATE: | MARE THE REGISTERED OWNER(S) OF THIS |
| Signature of Registered Owner and Title, IF APPLICABLE | drew D. Donald |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | oris to Donald |
| NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION | FOR REGISTERED OWNER(S) SIGNATURE |
| State of Washington County of | Signed or attested 11 kg 5,20 |
| or Drad D Drad | d Signature Wild Co. Mrs. 0.1 |
| PRINT NAME OF REGISTERED CONNER | NOTARY DA ROTAR |
| PRINT NAME OF REGISTEPED OWNER | PRINTED NAME OF NOTARY |
| Title XXXIII POSMONIAGENT,MOTARY | AND: County/Office No. OR 30-01-08 Notary Expiration Date |
| TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership is true and correct p | |
| NAME (TYPED OR PRINTED) TITLE CO | er the real property records. MPANY / PHONE NUMBER |
| SIGNATURE / POSITION | |
| Finaliza this application with a Linear Inc. | DATE |
| Finalize this application with a Licensing Agent within 10 calendar days of BUILDING PERMIT OFFICE CERTIFICATION | |
| I certify that: I certify that: I a building permit has been issued for this purpose and the | perty as described. |
| D a building permit has been issued for this purpose and if | ne attachment will be inspected upon completion. BLDG PERMIT # |
| GONTURE IPCSTICK | 9484 |
| Maslow Illosof Building | Tospector 5-91 DI |

| GIGNATURE OF LEGAL | | | |
|---|---|---|----------------------------------|
| SIGNATURE OF LEGAL ON | NER INDICATES CONSENT FO | RELIMINATION OF TITLE / REMO | YAL FROM REAL PROPER |
| Signature of Legal | Owner and Title, IF APPLICABLE | Doris & Dona | Q. |
| Signature of Additional Legal | Owner and Title, IF APPLICABLE | Kolger D.Dan | alel |
| NOTARY SEAL OR STAMP | NOTARIZATION | ERTIFICATION FOR LEGAL OW | NER(S) SIGNATURE |
| | State of Washington | Signed or a | |
| | County of | | me on |
| | by PRINT NAME OF LEGAL OWNER | Signature | |
| | . hv | MO7A- | RY OR AGENT |
| | PRINT NAME OF LEGAL OWNER | PRINTED NAME OF | NOTARY Unity/Office No. OR |
| | Title | AND: | Dealer No. OR |
| LAND DESCRIPTION (A | | be obtained from the local Count | V Assessor's Office |
| 1.12 10 | VIII | 1 1 1 | y Assessor & Office |
| LOT Z OT (OI | rine V. Yule S | hort plat as re | corded in |
| DOOK Z OF | Short Plats of | page III. Yecon | ds of |
| Skamania 1 | County, Washi | ne deu | - |
| C Kom more | washi | 9100 | - 1 |
| | | 77 | |
| | | | |
| DEALER'S REPORT OF S | | | |
| I CERTIFY THAT THIS INFO | PRIMATION IS CORRECT. THE VE XX HAS BEEN COLLECTED. | HICLE IS CLEAR OF ENCUMBRA | NCES EXCEPT AS SHOWN |
| ALER NAME (TYPED OR PRINTED) | O TO DEED COLLECTED | WA DEALER NUMBER | |
| | | | DATE OF SALE |
| ACHASE PRICE TAX | JURISOICTION/TAX RATE DEALER'S A | JTHORIZED SIGNATURE | |
| USE TAX EXEMPT | ale to a Cartified Tribal memberson | the reservation (attach notarized sta | |
| COUNTY AUDITOR/AGEN | T LICENSING OFFICE APPROVA | AL: (Not for use by Subsects) | tement of delivery). |
| fully that the above application | appears to have been completed co | prectly, and the applicant has sufficie | Di documentation to propose du l |
| recording of this form. IE (TYPED OR PRINTED) | | | |
| Amplam | osex | COUNTY OFFICE/VFS OP | ~ ^ |
| VATURE O | h | <u> </u> | <u> </u> |
| Mhorelo | Moser | | 5-21-01 |
| TITLE FEES | | | IO A FOL |
| NG FEE APPLICATION | MOBILE HOWE FEE | ELIMINATION FEE USE TAX | SUBAGENT FEES |
| | | | |
| | | | TOTAL FEES & TAX |
| | | · ** | |
| IMPORTANT: Once | the application has been app | roved by the County Auditor / 1 | Vehicle |
| Licon | only Childe, take your applicat | IOD form to the County Decay | Off |
| your | r proof of the recording tees p priorinal application form, obtain | paid. If the Recording Office rel n a certified copy of the record | ains |
| | | | |
| ADDITO | I IDOO recorded the | eturn to a Vahiela Liesaria | Contract Contract |
| APPLICANTS: | | etian to a vertice Licensing of | nce to file the |
| APPLICANTS: | Manufactured Home Applic licensing subagents charge | auon, paving all required foce. | Vehicle |

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.

TD-420-729 MANUF HOME APPL (R/8/96)OR Page 2 of 2