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FILED FOR RECORD  
SKAGHAN CO. WASH  
BY Tracy Johnson

AUG 3 10 47 AM '01

U. Bartel  
AUDITOR  
GARY H. OLSON

RETURN ADDRESS

Keith Johnson  
82 Salmon Falls Rd.  
Washougal, WA 98671

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 X WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
191853	1986	Holtwood	66 X 28	#WAFL 2AF316249	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER					
01051000100600					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
			10/1 North/SE		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		2		
NAME OF REGISTERED OWNER					
Keith D. Johnson Jr					
NAME OF ADDITIONAL REGISTERED OWNER					
Tracy A. Johnson					
ADDRESS					
82 SALMON FALLS RD. WASHOUGAL, WA 98671					
CITY					
STATE					
ZIP CODE					
NAME OF LEGAL OWNER					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
CITY					
STATE					
ZIP CODE					
<b>GRANTEE</b>					
NAME					
STATE OF WASHINGTON					
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>Keith D. Johnson Jr</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Tracy A. Johnson</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of Clark					
Signed or attested before me on 8/1/01					
by Keith D. Johnson Jr					
PRINT NAME OF REGISTERED OWNER					
Signature Elizabeth A. Filion					
NOTARY OR AGENT					
by Tracy A. Johnson					
PRINT NAME OF REGISTERED OWNER					
PRINTED NAME OF NOTARY					
Elizabeth A. Filion					
Title					
Br Mgr.					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR					
Dealer No. OR 11-4-2003					
Notary Expiration Date					
<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)					
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.					
<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)					
BLDG PERMIT OFFICE/PHONE #					
BLDG PERMIT #					
DATE					
Marlon Morat					
509-427-9484					
Building Inspector 8-3-01					

<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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>				
	State of Washington		Signed or attested		
	County of _____		before me on _____		
	by	PRINT NAME OF LEGAL OWNER	Signature	NOTARY OR AGENT	
	by	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY	County/Office No. OR	
	Title	DEALERSHIP POSITION/AGENT/NOTARY	AND:	Dealer No. OR	Notary Expiration Date
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Sec 10, T1N, R5 EWM Complete legal on page 3					
<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)			WA DEALER NUMBER	DATE OF SALE	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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)			COUNTY OFFICE/YFS OPERATOR NUMBER		
Angela Maser			30-01-08		
SIGNATURE			DATE		
Angela Maser			8-3-01		
<b>10 TITLE FEES</b>					
FILING 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) 664-8825.



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MANUFACTURED HOME APPLICATION  
ADDITIONAL ATTACHMENT

Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- ☒ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

LAND: PROPERTY TAX PARCEL NUMBER:

01051000010000

LEGAL DESCRIPTION:

Commencing at the SW corner of the following described property: The Northeast Quarter of the Northwest Quarter (NE4NW4) of Section 10, T1N, R5 E.W.M. EXCEPTING that portion thereof lying easterly of the county road designated as St. Hwy. No. 8 on June 17, 1919, as conveyed to Aleck Martelli by deed recorded at Pg. 336 of Book "R" of Deeds. AND ACCEPTING that portion lying westerly of that certain county road known and designated as Cape Horn Cut-Off Rd. SUBJECT to mineral rights to the State of Washington. ALSO SUBJECT to Bonneville-Camag-Vancouver right of way if applicable. (Power Lines) ALSO SUBJECT to any timber contracts. THENCE North along said Cape Horn Cut-Off Road 500 ft.; thence in an easterly direction to a point directly north of the westerly right of way of State Highway No. 120; thence south 550 ft.; thence west to the POB.