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FILED FOR RECORD  
SKAMMIA WASH  
BY SKAMMIA CO. TITLE

AUG 8 11 08 AM '01  
MUSK  
AUDITOR  
GARY N. OLSON

RETURN ADDRESS

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**STATE OF WASHINGTON**  
Department of  
**Licensing**  
**MANUFACTURED HOME APPLICATION**

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)

**PLEASE CHECK ONE:**  
 TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 REMOVAL FROM REAL PROPERTY

**1 MANUFACTURED HOME**  
TPO / PLATE NUMBER: +18355    YEAR: 1973    MAKE: Shelb    LENGTH/WIDTH (FEET): 56 X 24    VEHICLE IDENTIFICATION NUMBER (VIN): 1S3921

**2 LAND**  
LEGAL DESCRIPTION ON PAGE 2  
MANUFACTURED HOME WILL BE  AFFIXED  REMOVED    REAL PROPERTY TAX PARCEL NUMBER: 02-07-20-3-4-2200-00  
LOT: 22    BLOCK: 8    PLAT NAME: Relocated N. Bonneville    SECTION/TOWNSHIP/RANGE: \_\_\_\_\_

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**  
COUNTY NUMBER: 30    NUMBER OF REGISTERED OWNERS: 2    NUMBER OF LEGAL OWNERS: 1

NAME OF REGISTERED OWNER: David Foster  
NAME OF ADDITIONAL REGISTERED OWNER: Heidi Foster

ADDRESS: PO Box 138    CITY: North Bonneville    STATE: WA    ZIP CODE: 98639

NAME OF LEGAL OWNER: Riverview Community Bank  
ADDRESS: PO Box 1068    CITY: Camas    STATE: WA    ZIP CODE: 98610

GRANTEE NAME: \_\_\_\_\_

DEPARTMENT 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: \_\_\_\_\_  
Signature of Additional Registered Owner and Title, IF APPLICABLE: \_\_\_\_\_

NOTARY SEAL OR STAMP: Notary Public, State of Washington, County of Skamania, My Commission Expires September 13, 2003  
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE: Signed or attested before me on 8-1-01  
Signature of Notary: \_\_\_\_\_  
PRINTED NAME OF NOTARY: James R. Copeland  
Title: \_\_\_\_\_ AND: County/Office No. OR 9-17-07  
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): \_\_\_\_\_ 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.

**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): DAVE NAIL    BLDG PERMIT OFFICE/PHONE #: \_\_\_\_\_    BLDG PERMIT #: \_\_\_\_\_  
SIGNATURE / POSITION: Dave Nail City Building Inspector    DATE: 8/7/01

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<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>Tim L. McKenzie</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
<b>Notary Public</b> State of Washington <b>JAMES R COPELAND, JR</b> MY COMMISSION EXPIRES BY September 13, 2003		State of Washington County of <i>Skamania</i>		Signed or attested before me on <i>July 31, 2001</i>	
		PRINT NAME OF LEGAL OWNER		Signature <i>J.R. Copeland Jr</i>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <i>James R. Copeland Jr</i>	
		Title _____		AND: County/Office No. OR Dealer No. OR <i>9-17-07</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>					
Lot 22, Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book B of Plats, Page 16, Skamania County File No. 83466, also recorded in Book B of Plats, Page 32, Skamania County File No. 84429, in the County of Skamania, State of Washington.					
<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"/> 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>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>			DATE <i>8-8-01</i>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<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.					
<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.					
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.