

142008

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FILED FOR RECORD
SKAMENIA CO. WASH
B'ERANANIA CO. 11114

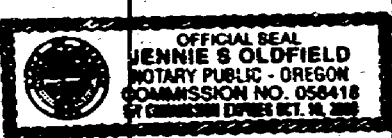
RETURN ADDRESS

Misty & Isidro Sanchez
PO BOX 2134
White Salmon, WA. 98672AUG 14 2 48 PM '01
AUDITOR
GARY H. OLSON

STATE OF WASHINGTON Department of Licensing		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)				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH X WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	GreenB	48 X 28	2191-0175-N AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-10-22-1-1-0198-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		Paul Short Plat			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER					
Misty Sanchez					
NAME OF ADDITIONAL REGISTERED OWNER					
Isidro Sanchez					
ADDRESS					
PO BOX 2134		CITY	White Salmon	STATE	WA.
				ZIP CODE	98672
NAME OF LEGAL OWNER					
Washington Federal Savings					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
235 E. 3rd Street		CITY	The Dalles	STATE	OR
				ZIP CODE	97058
GRANTEE					
NAME					
DEPARTMENT OF LICENSING					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT IF WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Misty Sanchez</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Isidro Sanchez</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania Signed or attested before me on 8-24-01					
Misty Sanchez Signature Paula Seaman					
Isidro Sanchez Signature Paula Seaman					
PRINTED NAME OF REGISTERED OWNER					
PRINTED NAME OF REGISTERED OWNER					
Title Notary					
AND: County/Office No. OR 10801					
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)					
Marlon Morat		BLDG PERMIT OFFICE/PHONE #	509-427-9484		
SIGNATURE / POSITION		BLDG PERMIT #	303-99		
Marlon Morat Building Inspector		DATE	8-14-01		

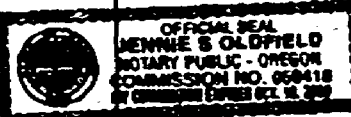
TD 420-729 MANUF HOME APPL (R 1/99) (Page 1 of 2)

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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 <u>Alicia H. Rundell Manager</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of <u>Oregon</u> County of <u>Wasco</u> Signed or attested before me on _____ by <u>Alicia H. Rundell Manager</u> Signature <u>Jennie S. Oldfield</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by <u>for Washington Federal Savings</u> Signature <u>Jennie S. Oldfield</u> PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY Title _____ AND: County/Office No. OR <u>Wasco</u> DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date <u>10-10-07</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A tract of land in the Northeast Quarter of the Northeast Quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the Paul Short Plat recorded in Book 3 of Short Plats, Page 351, Skamania County Records.					
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	
☐ 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/YES OPERATOR NUMBER		
SIGNATURE				DATE	
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.

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SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Alicia H. Rendell Manager</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of <u>Oregon</u> County of <u>Wasco</u> Signed or attested before me on _____ by <u>Alicia H. Rendell Manager</u> Signature <u>Jennie S. Oldfield</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by <u>for Washington Federal Savings</u> Signature <u>Jennie S. Oldfield</u> PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY Title _____ AND: County Office No. OR _____ DEALER'S POSITION/COMPONENTARY Dealer No. OR Notary Expiration Date: 10-18-00			
LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
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 (TYPE OR PRINTED) <u>Columbia Homes</u>		VIN DEALER NUMBER <u>0101-06332</u>		DATE OF SALE <u>4-9-00</u>	
PURCHASE PRICE <u>50,265.00</u>		TAX JURISDICTION/TAX RATE <u>7%</u>		DEALER'S AUTHORIZED SIGNATURE <u>Michelle Wilcott</u>	
☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
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 (TYPE OR PRINTED) _____			COUNTY OFFICE/VEHICLE OPERATOR NUMBER _____		
SIGNATURE _____			DATE _____		
TITLE FEES					
PLUNC FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
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