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FILED FOR RECORD
SKAMIA CO. WASH
BY SKAMIA CO. TITLE

AUG 16 3 50 PM '01

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RETURN ADDRESS

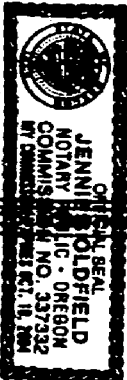
William and Denise Shelton
4603 NE 112th Circle
Vancouver WA. 98686AUDITOR
GARY M. OLSON

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)	
	2001	Villa	66 X 40.50	GW0R23 N25132	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-29-4-1-5000-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
23		Columbia Heights			
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 WILLIAM SHELTON					
NAME OF ADDITIONAL REGISTERED OWNER DENISE SHELTON					
ADDRESS 4603 NE 112th Circle CITY Vancouver STATE WA. ZIP CODE 98686					
NAME OF LEGAL OWNER WASHINGTON FEDERAL SAVINGS					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 235 E 3rd St CITY The Dalles STATE OR. ZIP CODE 97058					
GRANTEE					
NAME DEPARTMENT OF LICENSING					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>William Shelton</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Denise Shelton</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania Signed or attested before me on 12-20-00					
by William Shelton PRINT NAME OF REGISTERED OWNER Signature <i>Paula Seaman</i> NOTARY OR AGENT					
by Denise Shelton PRINT NAME OF REGISTERED OWNER Signature <i>Paula Seaman</i> NOTARY OR AGENT					
Title <i>Notary</i> DEALERSHIP POSITION/AGENT/NOTARY					
PRINTED NAME OF NOTARY AND: County/Office No. OR 10-8-20 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)					
BUILDING PERMIT OFFICE/PHONE #					
BUILDING PERMIT #					
DATE					
Signature <i>Marlon Morat</i> BUILDING INSPECTOR					

TD 400-729 MANUFACTURED HOME APPL. (Form 1) OR 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 _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <u>Oregon</u>		Signed or attested before me on <u>3-6-01</u>	
		County of <u>Wasco</u>			
		by <u>Alicia H. Rundell</u>		Signature <u>Jennie S. Oldfield</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
		Title <u>Notary</u>		County/Office No. OR _____	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR <u>10-10-04</u>	
				Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of this land can be obtained from the local County Assessor's Office)					
Lot 23, Columbia Heights, according to the recorded plat thereof recorded in Book A of Plats, Page 136, 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)		VIA 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/VS OPERATOR NUMBER			
<u>Angele Moser</u>		<u>30-01-08</u>			
SIGNATURE				DATE	
<u>Angele Moser</u>				<u>3-16-01</u>	
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	
SIGNATURE OF LEGAL OWNER AND TITLE, IF APPLICABLE <i>Alicia H. Ruudell</i>	
SIGNATURE OF ADDITIONAL LEGAL OWNER AND TITLE, IF APPLICABLE	
NOTARY SEAL OR STAMP	
NOTARIZATION CERTIFICATION FOR LEGAL OWNERS SIGNATURE	
State of Washington County of <u>WASCO</u>	Signed or dictated before me on <u>3-6-01</u>
by <u>Alicia H. Ruudell</u> PRINT NAME OF LEGAL OWNER	Signature <u>Jennie S. Oldfield</u> NOTARY OR AGENT
by <u>Jennie S. Oldfield</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALER'S PORTION (NOTARY)	AND: County Office No. OR Dealer No. OR Notary Expiration Date <u>10-10-04</u>
LAND (A legal description of the land can be obtained from the local County Assessor's Office)	
Lot 23, Columbia Heights, according to the recorded plat thereof recorded in Book A of Plats, Page 136, in the County of Skamania, State of Washington.	
DEALER'S REPORT OF SALE	
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ALL LIENS AND ANY REQUIRED SALES TAX HAS BEEN COLLECTED.	
Dealer Name (Typed or Printed) <u>Pomona Meadows Home Inc.</u>	SALE NUMBER OR DATE OF SALE <u>7/01</u>
Price <u>11,345.00</u>	DATE OF SALE <u>7/01</u>
☐ USE TAX EXEMPT (Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).	
COUNTY AUDITOR AGENT: COUNTY'S OFFICIAL (Notary Seal or Signature)	
I certify that the above information has been correctly entered, and the applicant has sufficient documentation to proceed with the recording of this form.	
NAME (Typed or Printed)	COUNTY OFFICIALS OPERATOR NUMBER
SIGNATURE	DATE
FEE	