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FILED FOR RECORD
SKAMANIA CO. WASH
BY SHAMANIA CO. TILLI

RETURN ADDRESS

AUG 30 9 51 AM '01

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AUDITOR
GARY H. OLSON

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY					
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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
93299	1967	NASHU	45 X 10	1TB2FK12830W	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-26-0-0-1202-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		TEITZEL SHORT PLAT	26/3N/8E		
GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER					
DOUGLAS L. SHIELDS					
NAME OF ADDITIONAL REGISTERED OWNER					
CINDY K. SHIELDS					
ADDRESS					
122 KATHY LANE		CITY	STATE	ZIP CODE	
		STEVENSON	WA	98648	
NAME OF LEGAL OWNER					
RIVERVIEW COMMUNITY BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO BOX 1068		CITY	STATE	ZIP CODE	
		CANAS	WA	98607	
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 <i>Douglas L. Shields</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Cindy K. Shields</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania		Signed or attested before me on 8-17-01			
by Douglas L. Shields		Signature <i>Maria P. Spencer</i>			
by Cindy K. Shields		NOTARY OR AGENT			
Title Notary Public		PRINTED NAME OF NOTARY Maria P. Spencer			
DEALERSHIP POSITION/AGENT/CLERK		AND: County/Office No. OR 4-24-05 Dealer No. OR Notary Expiration Date			
3 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.					
4 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 #		BLDG PERMIT #	
509-4279484					
SIGNATURE / POSITION					
Marlon Morat		Building Inspector		DATE	
				8-24-01	

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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 <i>John R. McKenzie VP Manager</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, MD MY COMMISSION EXPIRES September 13, 2003		State of Washington County of <i>Skamania</i> Signed or attested before me on <i>8-27-01</i>		Signature <i>[Signature]</i> NOTARY OR AGENT <i>James R. Copeland, MD</i> PRINTED NAME OF NOTARY County Office No. OR Dealer No. OR <i>9-17-01</i> AND: Notary Expiration Date	
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 Southwest Quarter of Section 26, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 1 of Teitzel Short Plat recorded in Book 2 of Short Plats, Page 222, 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) <i>Angela Moser</i>		COUNTY OFFICE/FS OPERATOR NUMBER <i>30-01-08</i>			
SIGNATURE <i>Angela Moser</i>		DATE <i>8-30-01</i>			
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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