

142519

BOOK 215 PAGE 449

FILE
SY
B. BRAUNIA CO. TITLE

Oct 5 11 20 AM '01

Moser
GARY H. OLSON

RETURN ADDRESS

| 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) | | | | <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH X WIDTH X HEIGHT (FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| | 2001 | Valley M | 66'8" X 26'8" | VMH12826W13638AB | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE 2 4 | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 03-07-36-1-0-0202-00 | | | | | |
| LOT | BLCK | PLAT NAME | SECTION/TOWNSHIP/RANGE S36, T3N, R7E | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| COUNTY NUMBER 30 | | NUMBER OF REGISTERED OWNERS 2 | | NUMBER OF LEGAL OWNERS 1 | |
| NAME OF REGISTERED OWNER Dennis W. Wiebe | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER Judy L. Wiebe | | | | | |
| ADDRESS PO Box 398 NAME OF LEGAL OWNER Riverview Community Bank | | | | | |
| CITY Stevenson | | | | | |
| STATE WA | | | | | |
| ZIP CODE 98648 | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| ADDRESS PO Box 1068 CITY Camas | | | | | |
| STATE WA | | | | | |
| ZIP CODE 98607 | | | | | |
| 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>Dennis W. Wiebe</i> | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Judy L. Wiebe</i> | | | | | |
| NOTARY SEAL OR STAMP | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| State of Washington County of <i>Skamania</i> | | | | | |
| Signed or attested before me on <i>June 26, 2001</i> | | | | | |
| Signature <i>James R. Copeland</i> | | | | | |
| NAME OF REGISTERED OWNER | | | | | |
| PRINT NAME OF REGISTERED OWNER | | | | | |
| NAME OF NOTARY | | | | | |
| COUNTY/OFFICE NO. OR 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: <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 | | | | | |
| Signature <i>Marlon Morat</i> | | | | | |
| Building Inspector <i>10-2-01</i> | | | | | |

BOOK 215 PAGE 450

| | | | | | |
|--|---------------------------|---|-----------------------------------|---|------------------|
| 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>Kelly R. McHenry</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, JR MY COMMISSION EXPIRES September 13, 2003 | | State of Washington | | Signed or attested before me on <i>10-2-01</i> | |
| | | County of <i>Skamania</i> | | Signature <i>J. R. Copeland</i> | |
| | | PRINT NAME OF LEGAL OWNER | | NOTARY OR AGENT | |
| | | PRINT NAME OF LEGAL OWNER | | PRINTED NAME OF NOTARY <i>James R. Copeland Jr</i> | |
| Title | | DEALERSHIP POSITION/AGENT/NOTARY | | AND: County/Office No. OR Dealer No. OR <i>9-11-03</i> Notary Expiration Date | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | | |
| 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 | | | |
| <input type="checkbox"/> 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/VFS OPERATOR NUMBER | | |
| Signature <i>Angela Moser</i> | | | DATE <i>30-01-08</i> | | |
| Signature <i>Angela Moser</i> | | | DATE <i>10-3-01</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. | | | | | |

2
BOOK 215 PAGE 457

| | |
|---|---|
| 7 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 _____ | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE _____ | |
| NOTARY SEAL OR STAMP | NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE |
| | State of Washington _____ Signed or attested before me on _____ |
| | County of _____ |
| | by _____ Signature _____ |
| | PRINT NAME OF LEGAL OWNER NOTARY OR AGENT |
| | by _____ |
| | PRINT NAME OF LEGAL OWNER |
| | PRINTED NAME OF NOTARY _____ |
| | DEALERSHIP POSITION/AGENT/NOTARY _____ AND: _____ |
| | County/Office No. OR _____ |
| | Notary No. OR _____ |
| | Notary Expiration Date _____ |
| 8 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | |
| | |
| 9 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) <u>Valley Quality Homes</u> | |
| PURCHASE PRICE <u>81,840-</u> | WA DEALER NUMBER <u>4496</u> |
| TAX JURISDICTION/TAX RATE <u>3913/7.9</u> | DATE OF SALE <u>7/12/01</u> |
| DEALER'S AUTHORIZED SIGNATURE <u>Bruce Melus</u> | |
| <input checked="" type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). | |
| 10 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 OFF-CE/AFS OPERATOR NUMBER _____ |
| SIGNATURE _____ | |

BOOK 215 PAGE 452

EXHIBIT "A"

A tract of land in the Northeast Quarter of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Commencing at the Northeast corner of said Section 36; thence South $0^{\circ}40'20''$ West along the East section line of said Section 36, a distance of 1312.00 feet to the Southeast corner of said subdivision; thence North $89^{\circ}31'34''$ West along the South line of said subdivision, a distance of 974.39 feet to a yellow plastic survey marker imprinted "Bell Design 11873" set on a 5/8-inch diameter rebar and the True Point of Beginning, which is also the Southwest corner a tract of land conveyed to Dennis W. Wiebe et ux by instrument recorded in Book 207, Page 555; thence North $89^{\circ}31'34''$ West along the South line of said subdivision, a distance of 161.82 feet to a yellow plastic survey marker imprinted "Bell Design 11873" set on a 5/8-inch diameter rebar, which is the Southeast corner of a tract of land conveyed to Dennis W. Wiebe et ux by instrument recorded in Book 207, Page 551; thence North $4^{\circ}27'55''$ West, a distance of 345.63 feet to a point on the South right of way line of a County road designated as Simmons Road, said point is monumented with a yellow plastic survey marker imprinted "Bell Design 11873" set on a 5/8-inch diameter rebar, to the Northwest corner of the Wiebe tract recorded in Book 207, Page 555; thence South $9^{\circ}28'13''$ East, a distance of 392.75 feet to the True Point of Beginning.