

142548

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FILED IN RECORDS
SEATTLE
BY ANAHIA CO. 11/14

OCT 8 2 36 PM '01

Manser
AUTHOR
GARY H. OLSON

RETURN ADDRESS

Dale Mansur

975 NW Dud Ranch Rd.

Stevenson WA. 98648

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 / WIDTH / FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
7135485	1996	EVERGREEN	53 X 27	1246	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-07-36-3-0101-00					
LOT	BLOCK	PLAT NAME		SECTION / TOWNSHIP / RANGE	
2		Dudley Short Plat			
3 GRANTOR(S) REGISTERED LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
Elwyn Dale Mansur					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
975 NW Dud Ranch Rd		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
		Camas		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>Elwyn Dale Mansur</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of <i>Sikamenna</i> Signed or attested before me on <i>12-21-2000</i>					
by <i>Elwyn Dale Mansur</i> Signature <i>Paula Seaman</i>					
PRINT NAME OF REGISTERED OWNER					
PRINT NAME OF NOTARY					
PRINT NAME OF REGISTERED OWNER					
PRINTED NAME OF NOTARY					
AND: County / Office No. OR Dealer No. OR Notary Expiration Date <i>10-7-2001</i>					
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)					
DAVE NAIL					
BUILDING PERMIT OFFICE / PHONE #					
BUILDING PERMIT #					
SIGNATURE / POSITION					
Dave Nail / City Building Inspector					
DATE					
8/7/01					

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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>James R. Copeland, Jr.</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 County of <i>Skamania</i> Signed or attested before me on <i>8-14-01</i> Signature <i>[Signature]</i> NOTARY OR AGENT <i>James R. Copeland, Jr.</i> PRINTED NAME OF NOTARY AND: County/Office No. OR Dealer No. OR <i>9-17-01</i> 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 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows: Lot 2 of the Dudley Short Plat, Recorded in Book T of Plats, Page 106, Skamania County Records. Except that portion lying within Road. Also Except that portion Conveyed to City of Stevenson by instrument recorded in Book 183, Page 853.					
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/FS OPERATOR NUMBER			
SIGNATURE				DATE	
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <p>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.</p> <p>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.</p>					

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.