

142737

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FILE  
SP1  
BHAMANIA CO. TITLE

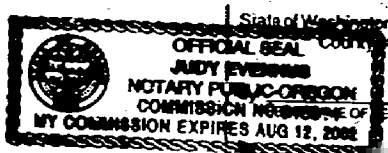
Oct 30 11 45 AM '01

GARY H. OLSON

RETURN ADDRESS

STATE OF WASHINGTON Department of <b>Licensing</b>		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	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
6151216	2000	FLEET	25 X 48	ORFLX48AB52696	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-2321-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		G. & D. JARRELL			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
BARBARA L. HUPP					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
PO Box 676					
CITY					
C-500					
STATE					
WA					
ZIP CODE					
98610					
NAME OF LEGAL OWNER					
WASHINGTON MUTUAL HOME LOANS, INC.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
ONE CENTERPOINTE DRIVE, SUITE 120 LAKE OSWEGO					
CITY					
LAKE OSWEGO					
STATE					
OR					
ZIP CODE					
97035					
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>Barbara L. Hupp</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>James R. Copeland, Jr.</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
Notary Public State of Washington					
State of Washington					
County of Skamania					
Signed & attested before me on June 19, 2001					
Signature <i>James R. Copeland, Jr.</i>					
NOTARY OR AGENT					
JAMES R. COPELAND, JR.					
MY COMMISSION EXPIRES September 13, 2003					
PRINT NAME OF REGISTERED OWNER					
JAMES R. COPELAND JR					
PRINTED NAME OF NOTARY					
Title Notary					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR 9-13-03					
Dealer No. OR					
Notary Expiration Date					
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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)					
Marlon Morat					
BLDG PERMIT OFFICE/PHONE #					
509-427-9484					
BLDG PERMIT #					
121-99					
SIGNATURE / POSITION					
Marlon Morat Building Inspector					
DATE					
7-18-01					

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<b>6 SIGNATURE OF LEGAL OWNER</b>					
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 <u>Oregon</u> Signed or attested before me on <u>7/16/01</u>			
		Signature <u>[Signature]</u> NOTARY OR AGENT			
PRINT NAME OF LEGAL OWNER _____		PRINTED NAME OF NOTARY <u>JUDY EVENHUIS</u>			
Title _____		AND: County/Office No. OR Dealer No. OR Notary Expiration Date			
DEALERSHIP POSITION/AGENT/NOTARY _____					
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A tract of land in the Southwest Quarter of Section 17, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 1 of the G. AND D. JARRELL short plat, recorded in Book 3 of Short Plats, Page 321 Skamania County Records.					
<b>8 DEALER'S REPORT OF SALE</b>					
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENCY LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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) <u>Angela Maser</u>			COUNTY DECEIVES OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>10-30-01</u>		
<b>10 TITLE FEES</b>					
FILING FEE _____	APPLICATION _____	MOBILE HOME FEE _____	ELIMINATION FEE _____	USE TAX _____	SUBAGENT FEES _____
					TOTAL FEES & TAX _____
<b>IMPORTANT:</b> 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.					
<b>APPLICANTS:</b> 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) 664-8835.