

142738

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SKAMANIA CO. TITLE

Oct 30 11 45 AM '01

J. M. OLSON

GARY E. 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/WIDTH/FEET | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| 26208 | 1978 | PEERL | 14 X 60 | G9L12498 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | 3 | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | REAL PROPERTY TAX PARCEL NUMBER | |
| | | | | 03 07 25 10 50 600 | |
| LOT | BLOCK | PLAT NAME | | SECTION/TOWNSHIP/RANGE | |
| | | | | Sec 25 T 3N R 7E | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| COUNTY NUMBER | | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | |
| 30 | | 2 | | 1 | |
| NAME OF REGISTERED OWNER | | | | | |
| James M. Jefferson | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| Mary Ann Jefferson | | | | | |
| ADDRESS | | | | | |
| P.O. Box 143 No. Bonneville WA 98639 | | | | | |
| NAME OF LEGAL OWNER | | | | | |
| Washington Mutual Bank | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| 11211 NE 4th Plain | | | | | |
| ADDRESS | | | | | |
| Vancouver WA 98662 | | | | | |
| GRANTEE | | | | | |
| NAME | | | | | |
| James M. & Mary Ann Jefferson 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 | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| State of Washington | | County of Skamania | | Signed or attested before me on 7/19/01 | |
| by James M. Jefferson | | Signature | | Debra A. Tennison | |
| PRINT NAME OF REGISTERED OWNER | | NOTARY OR AGENT | | | |
| by Mary Ann Jefferson | | PRINTED NAME OF NOTARY | | Debra A. Tennison | |
| PRINT NAME OF REGISTERED OWNER | | Title | | County/Office No. OR Dealer No. OR | |
| | | DEALERSHIP POSITION/AGENT/NOTARY | | AND: Notary Expiration Date 3/1/03 | |
| 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 CO. / FIRM / 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 / Position | | | | | |
| Building Inspector | | | | | |

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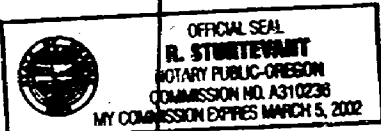
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Multnomah

Signed or attested
before me on

by Leigh Harvey

PRINT NAME OF LEGAL OWNER

Signature

by

PRINT NAME OF LEGAL OWNER

R. Sturtevant

PRINTED NAME OF NOTARY

Title
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR
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

☐ **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)

Angela Moser

COUNTY OFFICE/VS OPERATOR NUMBER

30-01-08

SIGNATURE

Angela Moser

DATE

10-30-01

10 TITLE FEES

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENTS 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) 654-8635.

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EXHIBIT "A"

That portion of the Northeast Quarter in Section 25, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northwest corner of the Northeast Quarter of said Section 25; thence South $0^{\circ} 53' 33''$ West along the West line of said Northeast Quarter a distance of 165.00 feet to the true Point of Beginning, said point being the Southwest corner of a tract of land conveyed to the Skamania County Historical Society by deed, recorded in Book 80, Page 16 of Deeds; thence South $053^{\circ} 33'$ West a distance of 413.90 feet; thence South $88^{\circ} 43' 15''$ East, parallel to the North line of said Northeast Quarter, a distance of 660.00 feet; thence North $0^{\circ} 53' 33''$ East parallel to said West line, a distance of 24.74 feet; thence North $13^{\circ} 30' 00''$ West a distance of 573.11 feet more or less to the North line of said Northeast Quarter; thence North $88^{\circ} 43' 15''$ West a distance of 253.54 feet to the Northeast corner of said Skamania County Historical Society tract; thence South $0^{\circ} 53' 33''$ West a distance of 165.00 feet to the Southeast corner of said Skamania County Historical Society tract; thence North $88^{\circ} 43' 15''$ West along the South line of said Skamania County Historical tract, a distance of 264.00 feet to the true point of beginning.