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BOOK 216 PAGE 470

FILED  
SKAMIA  
Ben Sizemore

Nov 2 2 48 PM '01

J. M. Sizer

AUTHOR  
GARY H. OLSON

## RETURN ADDRESS

Ben Sizemore

1342 Trout Creek Rd

Carson WA 98610

STATE OF WASHINGTON Department of <b>Licensing</b>		<b>MANUFACTURED HOME APPLICATION</b>		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>					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH X WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
77072	1979	Crownpoint	66 X 12	WAF1X92264296d	
<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 04073500100200					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
2		Hollenberry Short Plat		7 / 4 / 35	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2				
NAME OF REGISTERED OWNER					
Benjamin L Sizemore <sup>BLS</sup> Jean M Sizemore					
NAME OF ADDITIONAL REGISTERED OWNER					
Jean M. Sizemore					
ADDRESS					
1342 Trout Creek Rd Carson WA 98610					
NAME OF LEGAL OWNER					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
CITY					
STATE					
ZIP CODE					
<b>GRANTEE</b>					
NAME					
State of Washington					
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					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania			
		Signed or attested before me on Nov. 2, 2001			
		by Benjamin L. Jean Sizemore Signature Charles Olson			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by PRINT NAME OF REGISTERED OWNER Charles Olson			
		PRINTED NAME OF NOTARY			
		Title Notary			
		DEALERSHIP POSITION/AGENT/NOTARY			
		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 3-0-08			
<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)					
BUILDING PERMIT OFFICE/PHONE #					
BUILDING PERMIT #					
SIGNATURE / POSITION					
DATE					
10-40-729 MANUF. HOME APP. (4/8/98) OR Page 1 of 2					

BOOK 216 PAGE 471

<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	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>				
	State of Washington County of _____		Signed or attested before me on _____		
	by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT		
	by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY _____		
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date _____		
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 2 of the revised Hollenberry Short Plat, recorded in Book 2 of short Plats, Page 33, 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> Safe to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT 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) Angela Muser			COUNTY OFFICE/VS OPERATOR NUMBER 30-01-08		
SIGNATURE Angela Muser			DATE 11-2-01		
<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) 664-8885.