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BOOK 819 PAGE 521

FILED  
SKAMANIA CO. TITLE

JAN 22 12 43 PM '02

*Moser*

J. Michael Garvison

RETURN ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OF WASHINGTON Department of Licensing** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 REMOVAL FROM REAL PROPERTY

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)

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH X WIDTH X FEET	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	Marlette RiverCru	44 X 26'8"	H-020287 A/R

**2 LAND** LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 03-75-36-2-3-1912-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
14		Skaalheim Tracts	

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER  
DANIEL J. DAVENPORT

NAME OF ADDITIONAL REGISTERED OWNER  
JESSICA A. DAVENPORT

ADDRESS  
PO Box 1145  
CITY: Stevenson STATE: WA ZIP CODE: 98648

NAME OF LEGAL OWNER  
MORTGAGE MARKET, INC.

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS  
9020 SW WASHINGTON SQUARE DR. #550 TIGARD, OR STATE: OR ZIP CODE: 97223

**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 *Daniel J. Davenport*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Jessica A. Davenport*

**NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skamania Signed or attested before me on 10/17/01

by Daniel J. Davenport Signature *Daniel J. Davenport* NOTARY OR AGENT  
 by Jessica A. Davenport Signature *Jessica A. Davenport* PRINTED NAME OF NOTARY  
 Title Notary Public AND: County/Office No. OR 4/24/2005  
 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) Angela Moser TITLE COMPANY / PHONE NUMBER

SIGNATURE / POSITION *Angela Moser* DATE 1-22-02

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:  the manufactured home has been affixed to the real property as described.  
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) GEORGE D. NAHL BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #

SIGNATURE / POSITION *George D. Nahl* DATE 1/11/02

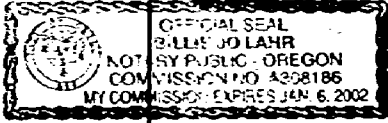
TD-620-729 MANUF HOME APPL (FV/98) OR Page 1 of 2

BOOK 219 PAGE 529

**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 MORTGAGE MARKET

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington \_\_\_\_\_ Signed or attested before me on \_\_\_\_\_  
 County of \_\_\_\_\_

by \_\_\_\_\_ Signature [Signature]  
 PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by BILLIE JO LAHR  
 PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title \_\_\_\_\_ AND: County/Office No. OR \_\_\_\_\_  
 DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR \_\_\_\_\_  
 Notary Expiration Date 1-6-02

**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 14 Skaalheim Tracts, according to the recorded Plat thereof, recorded in Book A of Plats, Page 143, in the County of Skamania, State of Washington.

**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/AGENT OPERATOR NUMBER 30-01-08

SIGNATURE Angela Moser DATE 1-22-02

**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.

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.

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