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FILED FOR RECORD  
SKAMIA CO. WASH  
BY BRANZANIA CO. 11165

APR 24 1 50 PM '02

J. Michael Garvison

J. MICHAEL GARVISON

RETURN ADDRESS

| STATE OF WASHINGTON<br>Department of<br><b>Licensing</b>   |                             | MANUFACTURED HOME<br>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)   |                             |   |                        |                                     |  |
| <b>1 MANUFACTURED HOME</b>   |                             |   |                        |                                     |  |
| TPO / PLATE NUMBER   | YEAR                        | MAKE  | LENGTH/WIDTH (FEET)    | VEHICLE IDENTIFICATION NUMBER (VIN) |  |
| \$04925  | 1971                        | Brook   | 52T X 24               | 2764                                |  |
| <b>2 LAND</b>  |                             |   |                        |                                     |  |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED   |                             |   |                        | REAL PROPERTY TAX PARCEL NUMBER     |  |
|  |                             |   |                        | 03-08-08-3-0-0400-00                |  |
| LOT  | BLOCK                       | PLAT NAME   | SECTION/TOWNSHIP/RANGE |                                     |  |
|  |                             |   | S8, T3N, R8E           |                                     |  |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>  |                             |   |                        |                                     |  |
| COUNTY NUMBER  | NUMBER OF REGISTERED OWNERS |   | NUMBER OF LEGAL OWNERS |                                     |  |
| 30   | 2                           |   | 1                      |                                     |  |
| NAME OF REGISTERED OWNER   |                             |   |                        |                                     |  |
| Samuel J. Seaman   |                             |   |                        |                                     |  |
| NAME OF ADDITIONAL REGISTERED OWNER  |                             |   |                        |                                     |  |
| Blanche M. Seaman  |                             |   |                        |                                     |  |
| ADDRESS  |                             |   |                        |                                     |  |
| PO Box 118 Carson WA 98610   |                             |   |                        |                                     |  |
| NAME OF LEGAL OWNER  |                             |   |                        |                                     |  |
| Riverview Community Bank   |                             |   |                        |                                     |  |
| NAME OF ADDITIONAL LEGAL OWNER   |                             |   |                        |                                     |  |
| ADDRESS  |                             |   |                        |                                     |  |
| PO Box 1068 Camas, WA 98607  |                             |   |                        |                                     |  |
| <b>GRANTEE</b>   |                             |   |                        |                                     |  |
| 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>Samuel J. Seaman</i>   |                             |   |                        |                                     |  |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Blanche M. Seaman</i>   |                             |   |                        |                                     |  |
| NOTARY SEAL OR STAMP   |                             | NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  |                        |                                     |  |
| Notary Public<br>State of Washington<br>JAMES R COPELAND, JR<br>MY COMMISSION EXPIRES<br>September 13, 2003  |                             | State of Washington<br>County of Skamania<br>Signed or attested before me on 4-17-02<br>Signature <i>James R. Copeland Jr</i><br>PRINTED NAME OF NOTARY<br>James R. Copeland Jr<br>AND: County/Office No. OR 9-17-07<br>Dealer No. OR<br>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.<br><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 #                       |  |
| Marlon Morat   |                             | 509-422-9484  |                        |                                     |  |
| SIGNATURE / POSITION   |                             | DATE  |                        |                                     |  |
| <i>Marlon Morat</i><br>Building Inspector  |                             | 4-22-02   |                        |                                     |  |

|  |  |                                     |   |                    |                  |
|--|--|-------------------------------------|---|--------------------|------------------|
| <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  |                                     | Signed or attested before me on _____             |                    |                  |
|  | County of _____  |                                     | by _____ Signature _____                          |                    |                  |
|  | by _____   |                                     | NOTARY OR AGENT                                   |                    |                  |
|  | by _____   |                                     | PRINTED NAME OF NOTARY _____                      |                    |                  |
| Title _____  |  | County/Office No. OR _____          |   |                    |                  |
| DEALERSHIP POSITION/AGENT/NOTARY _____   |  | AND: 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>  |  |                                     |   |                    |                  |
|  |  |                                     |   |                    |                  |
| <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/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) <u>Angela Moser</u>  |  |                                     | COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u> |                    |                  |
| SIGNATURE <u>Angela Moser</u>  |  |                                     | DATE <u>4-24-02</u>                               |                    |                  |
| <b>10 TITLE FEES</b>   |  |                                     |   |                    |                  |
| FILING FEE   | APPLICATION  | MOBILE HOME FEE                     | ELIMINATION FEE                                   | USE TAX            | SUBAGENT FEES    |
|  |  |                                     |   |                    |                  |
|  |  |                                     |   |                    | TOTAL FEES & TAX |
|  |  |                                     |   |                    |                  |
| <p><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.</p> <p><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.</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.



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A tract of land in the Southwest Quarter of the Southwest Quarter of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Beginning at the intersection of the North line of Government lot 4 of said Section 8, with the East line of the Wind River Road as it existed in 1960; thence East of the North line of Lot 4, a distance of 300 feet; thence South to the intersection with the Easterly edge of the aforesaid road; thence Northwesterly along the Easterly edge of said road to the point of beginning.