

144547

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FILED  
SKAMANIA CO. TITLE

May 2 1 28 PM '02

AUDITOR  
J. MICHAEL GARVISON

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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
203159	1971	FUQUA	60 X 24	C243071HCS3039	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				03-08-21-2-0-3700-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
2	2	Evergreen Acres			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
20	1		1		
NAME OF REGISTERED OWNER					
Elaine J. Nielson, Trustee of the Elaine J. Nielson Family Trust Dated 7-14-00					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 382 North Bonneville WA 98639					
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 1068 Camas WA 98607					
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>Elaine J. Nielson, Trustee</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY PUBLIC		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
MARIA P. SPENCER COMMISSION EXPIRES APR 24 2005 STATE OF WASHINGTON		State of Washington County of Skamania Signed or attested before me on Dec 20, 2001 by Elaine J. Nielson Trustee PRINT NAME OF REGISTERED OWNER Signature of Notary Public MARIA P. SPENCER PRINTED NAME OF NOTARY Title Notary Public AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-24-05			
<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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
Nixon Morat		509-427-9484			
SIGNATURE / POSITION		DATE			
Nixon Morat, Building Inspector		1-15-02			

<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 <u>Gail Steinmann, AVP</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP <b>LORI A. JACKSON</b> STATE OF WASHINGTON NOTARY — PUBLIC My Commission Expires June 1, 2003		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of Washington County of <u>Clark</u> Signed or attested before me on <u>12-28-01</u> <u>Gail Steinmann, AVP</u> Signature <u>Lori A. Jackson</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by <u>Lori A. Jackson</u> PRINT NAME OF LEGAL OWNER Title _____ AND: _____ DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date <u>6-1-03</u>			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 2 of Block 2, Evergreen Acres, according to the official plat thereof, on file and of record at Page 142, Book A of Plats, In the County of Skamania, State of Washington.					
<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)		COUNTY OFFICE/FS OPERATOR NUMBER			
<u>Angela Moser</u>		<u>30-01-08</u>			
SIGNATURE				DATE	
<u>Angela Moser</u>				<u>5-2-02</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.