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FILED IN RECORD  
STATE OF WASH  
BY *Leroy Goodrich*

JUN 4 9 26 AM '02

*AMASER*  
AUTHOR

J. MICHAEL GARVISON

RETURN ADDRESS

CASCADE Equipment & Development, LLC  
LEROY GOODRICH/manager DARLENE GOODRICH member  
121 GOODRICH Rd  
CARSON WA 98610

**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/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	GOLDEN ESTATE	48 X 27	GW0R23 N25910 AB

**2 LAND** LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
 03-09-17-4-0-1501

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			SEC 17 3N RB

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

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

NAME OF REGISTERED OWNER  
 CASCADE EQUIPMENT & DEVELOPMENT, LLC

NAME OF ADDITIONAL REGISTERED OWNER  
 LEROY GOODRICH/MANAGER DARLENE GOODRICH/MEMBER

ADDRESS  
 121 GOODRICH Rd CARSON WA 98610

NAME OF LEGAL OWNER  
 SAME

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE

**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 *Leroy Goodrich*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Darlene Goodrich*

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania Signed or attested before me on June 3, 2002

by Cascade Equipment Development LLC Signature *[Signature]*  
 PRINT NAME OF REGISTERED OWNER

by Darlene Goodrich Sandy Seaman  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 8/19/03

**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 COMPANY / PHONE NUMBER

SIGNATURE / POSITION DATE

**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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #

Marlon Morat 509-427-9484 109-01

SIGNATURE / POSITION DATE

*Marlon Morat* Building Inspector 6-3-02

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<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 _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT				
	by _____ PRINTED NAME OF NOTARY _____ PRINT NAME OF LEGAL OWNER				
	Title _____ AND: County/Office No. OR Dealer No. OR DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date				
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A Tract of land in the Southeast Quarter of section 17, Township 3 North, Range 8 East of the Willamette Meridian, described as follows: Beginning at the Southwest corner of the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian; thence North 30 feet; thence East 30 feet thence North 1,392.3 feet to the initial point of the tract here by description: thence East 208.5 feet; thence North 104.25 feet thence west 208.5 feet thence South 104.25 feet to the initial point except the west half thereof.					
<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				
PURCHASE PRICE	DATE OF SALE				
TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE				
<input type="checkbox"/> USE TAX EXEMPT 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/VFS OPERATOR NUMBER				
SIGNATURE	DATE				
Angela Moser	30-01-08				
Angela Moser	6-4-08				
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					0135
					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.