

145070

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FILED IN RECORD
STATE OF WASH
BY SKAMANIA CO. TITLE

JUN 24 10 52 AM '02

C. M. ROSE

J. MICHAEL GARVISON

RETURN ADDRESS

| STATE OF WASHINGTON Department of Licensing | | 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 48.12.210) | | | | <input checked="" type="checkbox"/> TITLE ELIMINATION | |
| | | | | <input type="checkbox"/> TRANSFER IN LOCATION | |
| | | | | <input type="checkbox"/> REMOVAL FROM REAL PROPERTY | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH (FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| 7302916 | 1989 | FLTWD | 18 X 64 | WAFLK31AB08591WC | |
| 2 LAND | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | REAL PROPERTY TAX PARCEL NUMBER | |
| | | | | 03-08-17-2-0-0115-00 | |
| LOT | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE | | |
| 1 | | Hendren Short Plat NO. 1 | | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| COUNTY NUMBER | | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | |
| 30 | | | | | |
| NAME OF REGISTERED OWNER | | | | | |
| Lynn A. Eichner | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| PO Box 1204 | | Carson, | WA | 98610 | |
| 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 ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: | | | | | |
| Signature of Registered Owner and Title, IF APPLICABLE <u>Lynn A. Eichner</u> | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| State of Washington County of Skamania | | Signed or attested before me on <u>May 30, 2002</u> | | | |
| by <u>Lynn A. Eichner</u> | | Signature <u>[Signature]</u> | | | |
| PRINT NAME OF REGISTERED OWNER | | NOTARY OF AGENT | | | |
| by <u>Notary Public</u> | | PRINTED NAME OF NOTARY | | | |
| Title | | AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>4-24-05</u> | | | |
| 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 | | | |
| | | | | | |
| 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: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. | | | | | |
| <input checked="" 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 | | 122-02 | |
| SIGNATURE / POSITION | | DATE | | | |
| <u>Marlon Morat</u> | | Building Inspector | | 6-21-02 | |

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|--|--|
| 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 <i>[Signature]</i> AP. | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE _____ | |
| NOTARY SEAL OR STAMP <div style="border: 1px solid black; padding: 5px; text-align: center;"> Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2003 </div> | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Skamania</u> Signed or attested before me on <u>6-21-02</u> Signature <i>[Signature]</i> NOTARY OR AGENT PRINTED NAME OF LEGAL OWNER <u>James R Copeland Jr</u> PRINTED NAME OF NOTARY <u>James R Copeland Jr</u> Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR <u>9-17-07</u> Dealer No. OR Notary Expiration Date |
| 7. LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | |
| A tract of land in the Northwest Quarter of the Northwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the Hendren Short Plat No. 1 recorded in Book 3 of Short Plats, Page 29, Skamania County Records. | |
| 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 _____ |
| <input type="checkbox"/> 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) <u>Angela Moser</u> COUNTY OFFICE/VS OPERATOR NUMBER <u>30-01-08</u> | |
| SIGNATURE <i>[Signature]</i> DATE <u>6-24-02</u> | |
| 10 TITLE FEES | |
| FILING FEE _____ | APPLICATION _____ MOBILE HOME FEE _____ ELIMINATION FEE _____ USE TAX _____ SUBAGENT FEES _____ |
| TOTAL FEES & TAX _____ | |
| <p>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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>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.</p> </div> <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.