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FILED RECORDS
STATE OF WASH
BY SKAMANIA CO. TITLE

JUN 24 10 52 AM '02

Amoser

J. MICHAEL GARVISON

RETURN ADDRESS

*Checked by
dated by
dated by
dated by
dated by*

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 48.12.210)

1 MANUFACTURED HOME
TPO / PLATE NUMBER: 7302916 YEAR: 1989 MAKE: FLTWD LENGTH/WIDTH (FEET): 28 X 64 VEHICLE IDENTIFICATION NUMBER (VIN): WAF1K31AB08591WC

2 LAND LEGAL DESCRIPTION ON PAGE 2
MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: 03-08-17-2-0-0115-00
LOT: 1 BLOCK: _____ PLAT NAME: Hendren Short Plat NO. 1 SECTION/TOWNSHIP/RANGE: _____

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____
COUNTY NUMBER: 30 NUMBER OF REGISTERED OWNERS: _____ NUMBER OF LEGAL OWNERS: _____

NAME OF REGISTERED OWNER: Lynn A. Eichner
NAME OF ADDITIONAL REGISTERED OWNER: _____

ADDRESS: PO Box 1204 CITY: Carson, STATE: WA ZIP CODE: 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: Lynn A Eichner
Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington Skamania County of
Signed by/attested before me on May 30, 2002
by Lynn A. Eichner Signature: [Signature]
PRINT NAME OF REGISTERED OWNER NOTARY OF AGENT
by Notary Public Signature: Maria P. Spencer
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY
Title Notary Public AND: County/Office No. OR 4-24-05
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): _____ 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: this 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): Marlon Morat BLDG PERMIT OFFICE/PHONE #: 509-422-9484 BLDG PERMIT #: 122-02
SIGNATURE / POSITION: [Signature] DATE: 6-21-02
Marlon Morat, Building Inspector

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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 *James R Copeland Jr. DP.*
 Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP Notary Public State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2003	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>	
	PRINT NAME OF LEGAL OWNER by <u>James R Copeland Jr.</u>	Signature <i>James R Copeland Jr.</i> 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 _____

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/VFS OPERATOR NUMBER 30-01-08
 SIGNATURE *Angela Moser* DATE 6-24-02

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.