

145218

BOOK 226 PAGE 311

FILED RECORD
STATE OF WASH
BY Terri Kyte

JUL 10 2 21 PM '02

Atmaste

J. MICHAEL GARVISON

RETURN ADDRESS

Terri Kyte
72 Oville Dr.
Skamania WA 98648

| 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 46.12.210) | | | | | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER FIF 318 | YEAR 1984 | MAKE Electrowood | LENGTH/WIDTH (FEET) 70 X 14 | VEHICLE IDENTIFICATION NUMBER (VIN) OREL1AE334803536 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | | |
| MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 02-06-32-0-0-0204-00 | | | | | |
| LOT 3 | BLOCK | PLAT NAME replat of plat 800 p 141 | SECTION/TOWNSHIP/RANGE 32/2/6 | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| ADDITIONAL NAMES ON PAGE | | | | | |
| COUNTY NUMBER 30 | NUMBER OF REGISTERED OWNERS 2 | | NUMBER OF LEGAL OWNERS | | |
| NAME OF REGISTERED OWNER Kevin Kyte | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER Terri Kyte | | | | | |
| ADDRESS 72 Oville Dr. | | | | | |
| CITY Skamania | | STATE WA | | ZIP CODE 98648 | |
| NAME OF LEGAL OWNER Washington Mutual | | | | | |
| 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 Kevin E. Kyte | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE Terri Kyte | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | |
| | | State of Washington County of Skamania | | | |
| | | Signed or attested before me on July 3, 2002 | | | |
| | | by Kevin Kyte PRINT NAME OF REGISTERED OWNER | | | |
| | | Signature Angel Musei NOTARY OR AGENT | | | |
| | | by Terri Kyte PRINT NAME OF REGISTERED OWNER | | | |
| | | PRINTED NAME OF NOTARY | | | |
| | | Title Agent | | | |
| | | AND: County/Office No. OR Dealer No. 300008 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) James R. Copeland JR | | TITLE COMPANY / PHONE NUMBER Skamania county title 509/427-5681 | | | |
| SIGNATURE / POSITION James R. Copeland JR Escrow Officer | | DATE 7-7-02 | | | |
| 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 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 # | |
| SIGNATURE / POSITION | | | | DATE | |

BOOK 226 PAGE 312

| | | | | | |
|--|---------------------------|---|---|--|------------------|
| 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 <u>Kim S. Hyatt</u> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Terry J. Hyatt</u> | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | | | |
| | | State of Washington County of _____ | | Signed or attested before me on _____ | |
| | | by _____ PRINT NAME OF LEGAL OWNER | | Signature _____ NOTARY OR AGENT | |
| | | by _____ PRINT NAME OF LEGAL OWNER | | PRINTED NAME OF NOTARY _____ | |
| | | Title _____ DEALERSHIP POSITION/AGENT/NOTARY | | AND: County Office No. OR 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 West half of the East half of the Northeast Quarter of the Northeast Quarter of Section 32, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 3 of the replat of short plat recorded in Book 304 Short Plats, Page 141, 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/VEHICLE OPERATOR NUMBER <u>30-0108</u> | | |
| SIGNATURE <u>Angela Moser</u> | | | DATE <u>7-10-02</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> <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> <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> | | | | | |