RETURN ADDRESS

## BOOK 226 PAGE 339

FILE SARD SASH

Kathy Pimm

Jul 10 3 46 PH 102

Covery

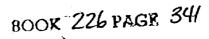
J. MICHAEL GARVISON

Brian + Kathy Plmm	PLOWRY
12.1 Hathers Road	J. MICHAEL GARVISON
Wahayal, WA 98671	O. MICHED GRATION
STATE OF WASHINGTON MANUFACTU	
<b>ICENSING</b> APPLICA	ATION TRANSFER IN LOCATION
Anyone who knowingly makes a false statement of a materi	al fact is guilty REMOVAL FROM REAL PROPERTY
of a felony, and upon conviction may be punished by a fine,  MANUFACTURED HOME	Imprisonment, or both. (RCW 46.12.210)
TED PLATE NUMBER YEAR MAKE LENGTHW	POTH(FEET) VEHICLE DENTIFICATION NUMBER (V.N.)
6/5020 1983 Preso 27)	K40 7618
	LEGAL DESCRIPTION ON PAGE  REAL PROPERTY TAX PARCEL NUMBER
MANUFACTUREDHOME WILL BE AFFIXED REM	OVED 0205190000100
2 BLOCK PLAT NAME  Malfail SP	85 Book 3 Page 24 Oxea 2 Skappage Co
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)	ADDITIONAL NAMES ON PAGE
COUNTY NUMBER OF REGISTER	MUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER	\$00 TEQ 17
Brian D. Pinnny	Man
Kathy J. Pinja	Fired Tried
10	STATE ZIP CODE
121 Hathews Road Wash	104gd WA 98671
NAME OF ADDITIONAL LEGAL OWNER	<u> </u>
Same	
ADDRESS CIT	Y STATE ZIP COD€
GRANTEE	
NAME	
100 SOLEMNI V ATTEST LINDER DENNI TV OF DED BLOVE	
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY TO VEHICLE AND THIS INFORMATION IS ACCURATE:	HAT IT WE AWARE THE REGISTERED OWNER(S) OF THIS
Signature of Registered C wher and Title, IF APPLICATE	JLA STATE OF THE S
Signature of Maddingal Registered Owner and Title, IF APPLICAE	
Signatured Assistance Hegistered Owner and Title, IF APPLICAE  NOTARIZATION/CERT  State of Washington  County of Cou	
State of Washington County of	Signed or attested
HOIAS, ES	before me on 1-392
O O OBLIC by PRINT NAME OF REGISTERED OV	NAM Signature Mux. Mulli
1. 200 to by Kathy Din	nu TERIL MICKEL
The second of th	PRINTED NAME OF NOTARY  County/Office No. OR
TITIE	AND Dealer No OB
TITLE COMPANY CERTIFICATION	
certify that the legal description of the land and ownership is true IAME (TYPED OR PRINTED)	and correct per the real property records.  TITLE COMPANY / PHONE MANBER
SIGNATURE / POSITION	
idio di une / Pusition	DATE
inalize this application with a Licensing Agent within 10 cale	ndar days of the date Title Company Representative signs.
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 part of the part o	purpose and the attachment will be inspected upon completion.
WAS DO NOVA + FOLLY	
SIGNATURE / POSTON	DATE DATE
1/1Certon YI lost, Buldin	Inspector 7-9-02

				_			
6 SIGNATURE			/	<del></del>			
SIGNATURE OF	LEGAL OWN	ER INDICATES C	ONSENT FOR	ELIMINATIO	NOF TITLE / REMC	VAL FROM REAL PA	OPERT
1		wner and Title, IF A		54	<u> </u>		
Signature of Addit	tional Legal (h	wner and Title, IF A	PPLICABLE		7		
WANT SELL	MATAVP			HILLOATION	VEODI ECAL OWN	ER(S) SIGNATURE	( t
SION	10,00	State of Washing	oton /				
CHINA C		Count	y of AM	IANIA	Signedoral before	me on	02_
PUBLIC	<i>L</i> 56	by Brice	1 D'M	w	_ Signature	rimons	
20, 100	St. 4 3 1	by the Lo	arter DI	mu	Track .	Y OR REENT	
OF WASH	Melini	PRINT NAME OF			PRINTED NAVE OF	NOTARY	
Treplement	11111	Title			AND:	Profice No. OR Dealer No. OR	
7 LAND DESCR	IPTION (A In		SITION AGENTANO		Nota	IN Expiration Date	
	. Holt (Ale	gar description of	me land can b	e obtained fre	om the local Count	y Assessor's Office	
Se	e atto	ached	pg 3	-76	. 7		
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			. 1	k. '		-	
	1	<i>-</i> "	B. 7	lle.			-
			-	7		4000	
							lin.
8 DEALER'S RE	PORTOFSA	1 E				- I	
I CERTIFY THAT	THIS INFOR	MATION IS CORR	ECT. THE VEH	ICLE IS CLE	AR OF ENCUMBRA	NCES EXCEPT AS SI	
ANY REQUIRED  DEALER NAME (TYPED		HAS BEEN COL	LECTED.			NCES EXCEPT AS SI	IOWN.
				ŀ	VA DEALER NUMBER	DATE OF SALE	1
PURCHASE PRICE	TAX J.	PISDICTION TAX RATI	E DEALERS AUT	HORIZED SIGNA	TURE		
USETAX	EXEMPT Sa	le to a Cedified Trib	almomboronti		(attach notarized sta		
COUNTY AUDI	TOR/AGENT	LICENSING OFFI	CE APPROVAL	: (Not for us	attach notanzed sta	tement of delivery).	
certify that the above he recording of this	e application a	ppears to have been	completed con	ectly, and the a	applicant has sufficien	nt documentation to pro	ceedwith
MANE (TYPED OR PAIN							
Angela	Mase	r			OUNTY OFFICE VES OPI	ERATOR NUMBER	
GRATURE	7 /	3			20-01-0	DATE	
May	2110	50	l.	- 4		7-10-02	
O TITLE FEES	APPLICATION					177000	
ENG FEE	APPLICATION	MOSILER	OVE FEE	LIMINATION FEE	USE TAX	SUBAGENT FE	ES
						TOTAL FEES &	TAX
						L	:
IMPORTANT		ne application ha	as been anóro	ved by the	County Auditor / \		j
-		ry Crice, lake y	OUI ADDICATE	n torm to the	n Cauche Dasser	~ ~ ~	- 1
	-1014111	proof of the fect	Jianna tees na	in it the Da	coedina Oltica		
<u> </u>	7001 011	griar application	i iorm, obtain	a certified c	opy of the record	ed form.	
APPI	LICANTS:	-1100 10001000,	, you must rel	urn to a Vet	icle Licensing off	ice to file the	
.		manufactured !	TOTHE ADDRES	DOD DAVIDO	all required foce	Vehicle	
· L		ncerising subag	ents charge a	service fee	<u>.                                    </u>	į	
For full in	nstructions o	n completing thi	is form for Tit	le Eliminatio	n, Removal from	Real Property	1
or trans	ier in Locatio	on, see form TD	-420-730, Ma	nufactured I	n, Hemoval from Tome Application	Instructions.	1

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (363) 902-3600 or TDD (360) 664-8895.

TO-420-729 MANUF HOME APPL (F/B/98)CR Page 2 of 2



File No. 20846SK

## EXHIBIT "A"

Lot 2 MALFAIT SHORT PLAT NO. 5, as the same appears of record in Book 3 of Short Plats, page 24, records of Skamania County, Washington

TOGETHER WITH an easement for ingress, egress and utilities as described in Book 80, page 694, records of said county

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