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HOOK 229 PAGE 87

BESHAHANA CO TITM SEP 6 1 51 FH '02 Smosen RETURN ADDRESS J. MICHA A LAVISON ( State of **MANUFACTURED HOME APPLICATION** EXTITLE ELIMINATION TRANSFER IN LOCATION REMOVAL FROM REAL PROPERTY iyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imp@sonment, or both. (RCW 46.12.210) MANUFACTURED HOME TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIII) 2002 GLD West GIOR23 N26548 AB 2 LAND LEGAL DESCRIPTION ON PAGE REAL PROPERTY TAX PARCEL NUMBER MANUFACTURED HOME WILL BE AFFIXED TREMOVED 03-07-36-3-3-0201-00 **BLOCK** PLAT NAME 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE NUMBER OF REGISTERED OWNER COUNTY NUMBER NUMBER OF LEGAL OWNERS 30 2 CAME OF REGISTERED OWNER Mel A. Whitworth NAME OF ADDITIONAL REGISTERED OWNER Julie A. Whitworth STATE ZIP CODE PO Box 280 Stevenson 98648 Riverview Community Bank NAME OF ADOPTIONAL LEGAL OW ADDRESS CITY STATE - ZIP CODE PO Box 1068 <u>Camas</u> 98607 GRANTEE DEPARTMENT OF LICENSING I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Sule A While NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of **Notary Public** State of Washington JAMES R COPELAND, IR NAME OF REGISTERED C MY COMMISION EXPIRES September 13,2003 DEALERSHIP POSITION/AGENT/NOTARY. TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership it true and correct per the real property records. NAME (TYPED OR PRINTED) SIGNATURE / POSITION Finalities this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. BUILDING PERMIT OFFICE CERTIFICATION The manufactured home has been affixed to the real property as described. I certify that: a building permit has been issu 3/30/02

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State of W	echington		4	- 00.0	e ii se cii	0-7	-0-
JAMES R CO		AME OF LEGAL OWNER		Signature	201	21	<u> 1</u>
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September		NAME OF LEGAL OWNER		PRINTED NAME C	FNOTARY	cope	-100
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36, Township 3 of Skamania, St	northic Rai	De / CHST OF	TOP WI	amatta Mand	dian, i	n the C	ounty
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EALER NAME (TYPED OR PRIN		COLLECTED.		WA DEALER NUMBER		E OF SALE	
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USE TAX EXEMP	T Sale to a Cert	filed Tribai member on	the reservation	(attach notarized s	tatement of	dofunci	
A S S I S I S S S S S S S S S S S S S S	CALL PROPERTY.	TO OF HIGH AFFROY	AL: (Next friess	The last Company			
ertify that the above applicate recording of this form.	ation appears to h	eve been completed or	xrrectly, and the	applicant has suffic	ent docume	intation to pro	Deecc
ME (TYPED OR PRINTED)				COUNTY OFFICE/VES C	: -		
Angela II	loser			30-06	A C	MOER	
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TITLEFEE	11000	<u> </u>		1 1	C	1-10-0	2
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IMPORTANT: O	nce the applic	ation has been app	errosari bu sta				:
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			DAME IN THE E	according Office .			
	or original ap	pecamon form, obta	in a certifiad	copy of the reco	rded form.		41 4
APPLICAN		corded, you must a	return to a V	ehicle Licensing	office to fi	e the	
	LANCES HERED	ctured Home Appli g subagents charg	≎aebon Darvin	ood han'i man ilk D	s. Vehicle		
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or Transfer = 1	ons on comp	eting this form for	Title Eliminal	ion, Removal fro	m Roal Pr	operty	
OF THEIRESPER EN	Location, see	form TD-420-730, )	Manufacture	i Home Applicati	on Instruc	ions.	

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodistion, please cal (360) 902-3600 or TDD (360) 664-8885.

TO-420-729 MANUF HOME APPL (RANGEOR Page 2 of 2