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BOOK 229 PAGE 543

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SKAN WASH
BY MAMANA CO, TINA

SEP 17 1 23 PM '02

J. MICHAEL ADVISON

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 46.12.210)				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	Concept	52 X 28	118-29085-AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-20-4-1-0403-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
3		Squires Short Plat			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNT / NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
Dawn E. Selch					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 874 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 AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Dawn E. Selch</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
Notary Public State of Washington County of Skamania Signed or attested before me on 6-17-02					
JAMES R COPELAND JR					
MY COMMISSION EXPIRES September 13, 2003					
by PRINT NAME OF REGISTERED OWNER Signature NOTARY OR AGENT					
by PRINT NAME OF REGISTERED OWNER Signature James R Copeland Jr					
Title NOTARY					
DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9-13-03					
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: ☐ the 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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #					
Marlon Morat 509-427-9484 138-02					
SIGNATURE / POSITION DATE					
Marlon Morat, Building Inspector 7-22-02					

BOOK 229 PAGE 544

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>Patty K. McHenry VP/Manager</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2008		State of Washington		Signed or attested before me on <u>9-16-02</u>	
		County of <u>Skamania</u>			
		PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>James R Copeland Jr</u>	
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR <u>9-17-03</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)					
Lot 3, Squires' Short Plat recorded in Book 3, Page 361, Skamania County Short Plat records being a portion of the Southeast Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian.					
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) <u>Angela Moser</u>			COUNTY OFFICE/OPS OPERATOR NUMBER <u>30-0108</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>9-17-02</u>		
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.