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[illegible] James & Anna Sue LaFollette

Oct 25 3:34 PM '02

D Lowry

J. M[illegible]

RETURN ADDRESS

James H LaFollette
782 Little Rock Creek Rd
Cook, Wa 98605

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 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
+105552	1996	GOLDE	66 X 38	N16594

2 LAND — LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 03 09 10 0070030

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
3+4		LaFollette Short Plat	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) — ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	2

NAME OF REGISTERED OWNER: James H. LaFollette
NAME OF ADDITIONAL REGISTERED OWNER: Anna Sue LaFollette
ADDRESS: 782 Little Rock Creek Rd CITY: Cook, STATE: Wa. ZIP CODE: 98605
NAME OF LEGAL OWNER: James H. LaFollette
NAME OF ADDITIONAL LEGAL OWNER: Anna Sue LaFollette
ADDRESS: 782 Little Rock Creek Rd CITY: Cook, STATE: Wa. ZIP CODE: 98605

GRANTEE
NAME: State of Washington 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: James H LaFollette
Signature of Additional Registered Owner and Title, IF APPLICABLE: Anna Sue LaFollette

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington, County of Skamania — Signed or attested before me on 10/25/02

by James LaFollette (PRINT NAME OF REGISTERED OWNER) Signature D Lowry (NOTARY OR AGENT)

by Anna Sue LaFollette (PRINT NAME OF REGISTERED OWNER) PRINTED NAME OF NOTARY

Title: Agent (DEALERSHIP POSITION/AGENT/NOTARY) AND: County/Office No. OR Dealer No. OR: 300106 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: ☒ 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	324

SIGNATURE / POSITION: Marlon Morat, Building Inspector — DATE: 10-25-02

TD-420-789 MANUF HOME APPL (R/9/96)OR Page 1 of 2

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7 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 _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of _____ Signed or attested before me on _____

by _____ Signature _____
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by _____ _____
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date
DEALERSHIP POSITION/AGENT/NOTARY

8 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

Lots 3 & 4 of the LaJollette Short Plat, according to the recorded plat in Book 3, page 366 of Short Plats, in the county of Skamania and State of Washington.

9 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).

10 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Peggy Lowry	300106
SIGNATURE P Lowry	DATE 10/25/02

11 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.

UNOFFICIAL DOCUMENT

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