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BOOK 231 PAGE 432

FILED
STATE OF WASHINGTON
BY KALAMIA SQ. III

OCT 29 2 11 PM '02

Plawny
J. MICHAEL JOHNSON

RETURN ADDRESS

STATE OF WASHINGTON
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)
Z114275 1995 MOB 70 X 28 11821037AB

2 LAND LEGAL DESCRIPTION ON PAGE 2
MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER
03-08-20-1-4-0209-00

LOT 8 BLOCK PLAT NAME *Amerided Newman Sub* SECTION/TOWNSHIP/RANGE

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE
COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS
20
NAME OF REGISTERED OWNER *Clara B. Dudley*
NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
PO Box 237 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 ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE *Clara B. Dudley*
Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of *Skamania* Signed or attested before me on *10/24/02*
by *Clara B. Dudley* Signature *Julie A. Andersen*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
by *Julie A. Andersen*
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY
Title *Notary* AND: County/Office No. OR Dealer No. OR Notary Expiration Date *7/17/2004*

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 3412
SIGNATURE / POSITION DATE
Marlon Morat Building Inspector 10-29-02

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 <i>James R. Copeland, Jr</i>					
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, 2003		State of Washington	County of <i>Skamania</i>	Signed or attested before me on	<i>10-29-02</i>
		PRINTED NAME OF LEGAL OWNER <i>James R. Copeland Jr</i>		Signature	<i>[Signature]</i>
by		PRINTED NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
Title <i>Notary</i>		DEALERSHIP POSITION/AGENT/NOTARY		County/Office No. OR	Dealer No. OR <i>9-17-01</i>
				Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 8 of the AMENDED NEWMAN SUBDIVISION, according to the recorded plat thereof, recorded in Book "B" of Plats, Page 85, in the County of Skamania, State of Washington.					
EXCEPT that portion conveyed to Skamania County by instrument recorded in Book 52, Page 840.					
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)		COUNTY OFFICE/MS OPERATOR NUMBER			
<i>Peggy Laury</i>		<i>300106</i>			
SIGNATURE <i>[Signature]</i>		DATE		<i>10/29/02</i>	
10 TITLE FEES					
FLING 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>					

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.