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FILED
NOV 11 11 42 AM '02
J. HICKS
CLATSOP COUNTY, WASH.
CLATSOP COUNTY, WASH.

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 4A.12.210)				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
MANUFACTURED HOME					
TPO / PLATE NUMBER 6209204	YEAR 2001	MAKE FLEET	LENGTH X WIDTH (FEET) 27 X 60	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLY48A27542LP13	
LAND					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02-05-33-0-0-1800-00	
LOT 2	BLOCK	PLAT NAME Hoffman Short Plat	SECTION/TOWNSHIP/RANGE S33, T2N, R5E		
GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 1		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Tom Alfred Williams					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE 252 Hanlon Road Washougal WA 98671					
NAME OF LEGAL OWNER WELLS FARGO HOME MORTGAGE					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE 12550 SE 93rd Ave. Clackamas OR 97015					
GRANTEE					
NAME					
DEPARTMENT OF LICENSING					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Tom Alfred Williams</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY SEAL OR SIGNATURE MARIA P. SPENCER COMMISSION EXPIRES APR 24, 2005 NOTARY PUBLIC STATE OF WASHINGTON		State of Washington County of Skamania Signed or attested before me on 4/10/02 by <i>Tom Alfred Williams</i> PRINT NAME OF REGISTERED OWNER by <i>Maria P. Spencer</i> PRINT NAME OF NOTARY Title Notary Public DEALERSHIP POSITION FOR AGENT/NOTARY AND: County/Office No. OR 4/24/05 Dealer No. OR Notary Expiration Date			
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.					
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) Marlon Morat		BLDG PERMIT OFFICE PHONE # 509-452-9484		BLDG PERMIT # 118-01	
SIGNATURE / POSITION <i>Marlon Morat</i> Building Inspector		DATE 4-16-02			

TO 40072 MANUFACTURED HOME APPL. (FURNISHOR) Page 1 of 2

5 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		Signed or attested before me on _____		
	County of _____		by _____		
	by _____		Signature _____		
	by _____		NOTARY OR AGENT		
	PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY		
	PRINT NAME OF LEGAL OWNER		County/Office No. OR		
	Title _____		Dealer No. OR		
	DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date _____		
6 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A tract of land in the Northeast Quarter of Section 33, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 2 of the Hoffman Short Plat recorded in Book 3 of Short Plats, Page 350, Skamania County Records.					
7 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. MY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED): _____			VIN 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).					
8 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 OFFICER'S OPERATOR NUMBER _____		
SIGNATURE _____			DATE _____		
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.

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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>Sue Ward, Joan Cloon</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE: _____					
NOTARY SEAL OR STAMP		NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <u>10/30/02</u>	
		County of <u>Clackamas</u>		Signature <u>Mindy R. Conner</u>	
		Name of Legal Owner <u>Sue Ward</u>		Notary Public for _____	
		Title <u>Notary</u>		My Commission Expires <u>11/7/03</u>	
LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
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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)		VIN DEALER NUMBER		DATE OF SALE	
PURCHASE PRICE		TAX JURISDICTION/TAX RATE		DEALER'S AUTHORIZED SIGNATURE	
☐ USE TAX EXEMPT Sale to a Certified Title holder on the reservation (attach notarized statement of delivery).					
COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by the applicant)					
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 OFFICER'S OPERATOR NUMBER			
SIGNATURE		DATE			
TITLE FEES					
FILED FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	RECORDING FEE
					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.					

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