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FILED IN RECORD
STATE OF WASH
BY Pacific NW Title

Nov 20 11 39 AM '02

Amoser

J. MICHAEL REVISION

RETURN ADDRESS

Pacific Northwest Title


9020 SW Washington Sq. Rd., Ste 120

Tigard, OR 97223

ATTN: WLH

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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
1.1 VEHICLE IDENTIFICATION NUMBER (VIN)	1.2 YEAR	1.3 MAKE	1.4 LENGTH/WIDTH (FEET)	1.5 VEHICLE IDENTIFICATION NUMBER (VIN)	
818G76A	2000	Pontiac	X	PH204345	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER					
020527000400200					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
13		River Edge Acres	7		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2				
NAME OF REGISTERED OWNER					
Peter J. Kingsbury					
NAME OF ADDITIONAL REGISTERED OWNER					
Lesa J. Kingsbury					
ADDRESS					
1912 Cedar Falls Rd. Washougal, WA 98671					
NAME OF LEGAL OWNER					
Washington Mutual Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
811 SW 6th Ave 200/9781CWA Portland, OR 97204					
GRANTEE					
NAME					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of Shastana					
Signed or attested before me on 25 July 2001					
by Peter J. Kingsbury					
Signature					
by Lesa J. Kingsbury					
Signature					
PRINTED NAME OF NOTARY					
Tadcan Edwards					
County/Office No. OR					
Declar. No. OR					
Notary Expiration Date 6/1/02					
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:					
<input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input type="checkbox"/> 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 #					
DATE					
Marlon Morat 509-427-9484 191-00 11-13-02					
Signature / Position					
Building Inspector					

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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>Suzanne M. Hall</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
		State of <u>Oregon</u> County of <u>Clackamas</u> Signed or attested before me on <u>1-31-02</u>			
		by <u>Suzanne M. Hall</u> Signature <i>Sue J. Lee</i>			
		PRINT NAME OF LEGAL OWNER			
		by <u>SUE J. LEE</u> PRINTED NAME OF NOTARY			
		Title <u>DEALERSHIP POSITION/AGENT/NOTARY</u> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>6/15/02</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 13, River Edge Acres, according to the recorded plat thereof, recorded in Book B of Plats, Page 96, in the County of Skamania, State of Washington.					
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/VS OPERATOR NUMBER		
<u>Angela Maser</u>			<u>30-01-08</u>		
SIGNATURE <i>Angela Maser</i>			DATE <u>11-20-02</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.