BOOK 233 PAGE 245

146781

FILED ... RD
SKAMANIA CO. Title
Dec 3 3 31 PM '02
Auditor
J. MICHAEL ... VISON

RETURN ADDRESS

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] 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)
&53922	1988	FLTWD	66 X 28	ORFLJ48A07928BS

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 03-08-20-4-4-0602-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
3		Harrington Short Plat	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER: Martin L. Birkenfeld

NAME OF ADDITIONAL REGISTERED OWNER: Jeanne M. Birkenfeld

ADDRESS	CITY	STATE	ZIP CODE
PO Box 33	Carson	WA	98610

NAME OF LEGAL OWNER: Wells Fargo Home Mortgage

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
1010 SE Everett Mall Way #200	Everett	WA	98208

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: Martin L Birkenfeld

Signature of Additional Registered Owner and Title, IF APPLICABLE: Jeanne M Birkenfeld

NOTARY SEAL OR STAMP
PAMELA K. NEBLOCK
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
1-9-04

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of Skamania

Signed or attested before me on 2-4-02

by _____ PRINT NAME OF REGISTERED OWNER

by _____ PRINT NAME OF REGISTERED OWNER

Signature: Pamela K. Neblock
NOTARY OR AGENT

Pamela K. Neblock
PRINTED NAME OF NOTARY

Title: Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR 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:
- [X] 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 #
Marion Morat	509-427-9484	

SIGNATURE / POSITION: Marion Morat, Building Inspector

DATE: 3-19-02

BOOK 233 PAGE 246

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 Assistant Secretary

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

SHANNON HOFFMAN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 4-20-04

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Snohomish — Signed or attested before me on 12/30/02

by Wells Fargo — PRINT NAME OF LEGAL OWNER — Signature NOTARY OR AGENT

by — PRINT NAME OF LEGAL OWNER — PRINTED NAME OF NOTARY Shannon Hoffman

Title — DEALERSHIP POSITION/AGENT/NOTARY — AND: County/Office No. OR Dea er No. OR Notary Expiration Date 4-20-04

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

Lot 3, R. L. Harrington Short Plat, according to the recorded Pla thereof, recorded in Book 3, Page 3, Skamania County Short Plat Records, being a portion of the Southeast Quarter of the Southeast 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Angela Maser	30-01-08

SIGNATURE	DATE
Angela Maser	12-30-02

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.