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BOOK 235 PAGE 808

FILED
GRANT
BY KENNEDY VIA COL TITLE

JAN 22 11 21 AM '03

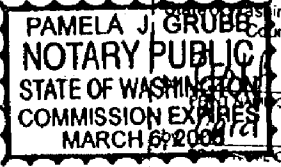
S. Moseley

J. MICHAEL

RETURN ADDRESS

Lynnwood Escrow
P.O. Box 5857
Lynnwood WA 98046
Citt 20020968

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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH (WIDTH) FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Fleetwood	60 X 28	ORFL248A28887-6H13	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 04 07 26 3 0 1504 00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
2		Rich Meadows Sub. Div.			
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					
David A. Achziger					
NAME OF ADDITIONAL REGISTERED OWNER					
Debra M. Achziger					
ADDRESS					
122 Meadow Crest Dr					
CITY					
Carson					
STATE					
WA					
ZIP CODE					
98610					
NAME OF LEGAL OWNER					
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
P.O. Box 5010					
CITY					
Lynnwood					
STATE					
WA					
ZIP CODE					
98046					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
Signed or attested before me on 9-10-02					
Notary Public					
State of Washington					
JAMES R COPELAND, JR.					
MY COMMISSION EXPIRES September 13, 2003					
NAME OF REGISTERED OWNER					
David A. Achziger					
NAME OF REGISTERED OWNER					
Debra M. Achziger					
PRINTED NAME OF NOTARY					
James R. Copeland Jr.					
Title					
Notary					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County Office No. OR					
Dealer No. OR					
Notary Expiration Date					
9-13-02					
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)					
Marlon Morat					
BLDG PERMIT OFFICE PHONE #					
509-422-9484					
BLDG PERMIT #					
101-02					
SIGNATURE / POSITION					
Marlon Morat, Building Inspector					
DATE					
1-8-03					

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>Carol M. Warren, Sr VP</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		County of <i>Snohomish</i> Signed or attested before me on <i>12/30/02</i> <i>Savings Bank</i> Signature <i>Pamela J. Grubb</i> OF LEGAL OWNER <i>M. Warren, Sr VP</i> NOTARY OR AGENT OF LEGAL OWNER <i>Pamela J. Grubb</i> PRINTED NAME OF NOTARY Title <i>Notary</i> AND: County Office No. OR <i>3606</i> DEALERSHIP POSITION AGENT/NOTARY Dealer No. OR Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 2 Rich Meadows Subdivision According to the Recorded Plat thereof, Recorded in Book B of Plats, Page 106, 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		
<i>Fleetwood Homes</i>		<i>4193</i>	<i>9-16-02</i>		
PURCHASE PRICE	TAX JURISDICTION TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<i>76,357.00</i>	<i>7.7%</i>	<i>Phil Meade</i>			
<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/VES OPERATOR NUMBER			
<i>Angela Moser</i>		<i>30-01-08</i>			
SIGNATURE		DATE			
<i>Angela Moser</i>		<i>1-22-03</i>			
10 TITLE FEES					
FILING 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.