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RETURN ADDRESS

 FILED  
 SEP 7 2 22 PM '03  
 SHAWANNA CO. TITLE

J.H.C.

DEC 30 2002

 SHAWANNA COUNTY  
 ENGINEERS OFFICE

STATE OF WASHINGTON Department of <b>Licensing</b>		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			
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Americana	48 X 28	118-29311-AB	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-07-36-3-3-0102-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
3		Dudley Short Plat			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER					
Lynn E. Brady					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
PO Box 321		CITY		STATE	ZIP CODE
		Stevenson		WA	98648
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO Box 1068,		CITY		STATE	ZIP CODE
		Camas		WA	98607
<b>GRANTEE</b>					
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			
Notary Public State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2003		State of Washington County of Skamania Signed or attested before me on 11-18-02 Signature James R. Copeland Jr. PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date 9-13-03			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input 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 #	
David Nail					
SIGNATURE / POSITION		DATE			
David Nail		11/21/03			

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<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>James R. Copeland, Jr. VP/Br. Manager</u>					
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 <b>JAMES R COPELAND, JR.</b> MY COMMISSION EXPIRES September 13, 2003		State of Washington		Signed or attested before me on <u>1-23-03</u>	
		County of <u>Skamania</u>			
		PRINT NAME OF LEGAL OWNER _____		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER _____		NOTARY OR AGENT	
		PRINTED NAME OF NOTARY <u>James R. Copeland, Jr.</u>		County Office No. OR _____	
		AND: Dealer No. OR <u>9-15-03</u>		Notary Expiration Date	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A tract of land in the Southwest Quarter of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 3 of the Dudley Short Plat, recorded in Book 'T' of Plats, Page 106, Skamania County Records. Except that portion lying within Road. Also Except that portion Conveyed to City of Stevenson by Instrument recorded in Book 183, Page 853.					
<b>8 DEALER'S REPORT OF SALE</b>					
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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): <u>Angela Muser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE: <u>[Signature]</u>			DATE <u>2-7-03</u>		
<b>10 TITLE FEES</b>					
FILING FEE _____	APPLICATION _____	MOBILE HOME FEE _____	ELIMINATION FEE _____	USE TAX _____	SUBAGENT FEES _____
					TOTAL FEES & TAX _____
<p><b>IMPORTANT:</b> 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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>APPLICANTS:</b> 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> </div> <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.

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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 County of _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: _____	
<b>7 LAND DESCRIPTION</b> (A legal description of the land can be obtained from the local County Assessor's Office)					
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DEALER NAME (TYPED OR PRINTED) <u>Lampighter Homes</u>		WA DEALER NUMBER <u>4600</u>		DATE OF SALE <u>11/18/02</u>	
PURCHASE PRICE <u>49,860</u>		TAX JURISDICTION/TAX RATE <u>7.7%</u>		DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>	
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
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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/VEHICLE OPERATOR NUMBER _____		
SIGNATURE _____			DATE _____		
<b>10 TITLE FEES</b>					
FLUNG FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
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