

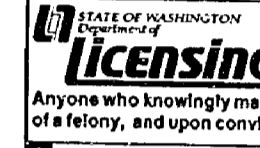
BOOK 237 PAGE 767

GUAMANA CO. LTD.

Feb 25 1 00 PM '03

J. Biol. Chem. 261:1041-1044 (1986)

[Handwritten marks]

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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)
		2002	GLD West	53 X 41	GIOR23 N26386 ABC
2 LAND					
LEGAL DESCRIPTION ON PAGE 1					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-75-36-3-2-0100-00					
LOT		BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE	
				536-TIN-R7.56	
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					
Jeremiah Birkenfeld					
NAME OF ADDITIONAL REGISTERED OWNER					
Nicole Birkenfeld					
ADDRESS					
PO Box 1251					
CITY					
Stevenson					
STATE					
WA					
ZIP CODE					
98648					
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO Box 1068					
CITY					
Camas					
STATE					
WA					
ZIP CODE					
98607					
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					
State of Washington					
County of Skamania					
Signed or attested before me on 7-11-02					
Signature					
NOTARY OR AGENT					
PRINT NAME OF REGISTERED OWNER					
Signature					
NOTARY OR AGENT					
PRINT NAME OF REGISTERED OWNER					
Signature					
NOTARY OR AGENT					
PRINTED NAME OF NOTARY					
County/Office No. OR					
Dealer No. OR					
Notary Expiration Date					
AND:					
9/13/03					
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 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 #					
SIGNATURE / POSITION					
David Neal Building Inspector					
DATE					
2/11/03					

TD-420-729 MANUF HOME APPL (R.8/98)OR Page 1 of 2

BOOK 237 PAGE 768

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>Kelly McPhee</i>					
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 JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2008		State of Washington	Signed or attested	before me on <i>2-11-03</i>	
		County of <i>Skamania</i>	Signature	<i>[Signature]</i>	
		PRINT NAME OF LEGAL OWNER	NOTARY OR AGENT	<i>James R. Copeland Jr</i>	
		PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY	<i>James R. Copeland Jr</i>	
Title <i>Notary</i>		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <i>9-13-03</i>	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
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) <i>Angel Moser</i>			COUNTY OFFICE/FS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angel Moser</i>			DATE <i>2-25-03</i>		
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 (800) 902-3600 or TDD (360) 664-8385.

BOOK 237 PAGE 769

EXHIBIT "A"

A tract of land in the Southwest Quarter of the Northwest Quarter of Section 36, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northwest Corner of Lot 3 of Hilltop Manor according to the amended plat thereof on file and of record at Page 110 of Book A of Plats, records of Skamania County, Washington; thence North 75° 48' East 80 feet; thence North 00° 36' East 180 feet, more or less, to intersection with the South Right of Way line of El Paso Lane as conveyed to Skamania County by deed dated May 14, 1970 and recorded at Page 759 of Book 61 of Deeds, records of Skamania County, Washington; thence Westerly along the Southerly right of way line of said road to a point North 00° 36' East from the point of beginning; thence South 00° 36' West to the point of beginning.

BOOK 237 PAGE 770

6 SIGNATURE OF LEGAL OWNER					
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Signature of Legal Owner and Title, IF APPLICABLE <i>[Signature]</i>					
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	
		Title DEALERSHIP POSITION/AGENT/NOTARY		AND: Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
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) <i>Golden Pacific Homes</i>		WA DEALER NUMBER <i>4071</i>		DATE OF SALE <i>5-16-02</i>	
PURCHASE PRICE <i>74,720.00</i>		TAX JURISDICTION/TAX RATE <i>7.00%</i>		DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</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)					
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NAME (TYPED OR PRINTED)			COUNTY OFFICE/VFS OPERATOR NUMBER		
SIGNATURE			DATE		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
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