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BOOK 237 PAGE 828

SKAMANIA CO, WASH

RETURN ADDRESS

FEB 26 11 56 AM '03
CANDLER

J. HENSON
CANDLER

STATE OF WASHINGTON Department of Licensing **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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)
	2003	GLD West	40 X 27	G10R23 N26750 AB

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 02-05-11-2-4-0110-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
10		HIDEAWAY II	

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

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

NAME OF REGISTERED OWNER Cecil J. Henson
 NAME OF ADDITIONAL REGISTERED OWNER
 ADDRESS CITY STATE ZIP CODE
 16421 Washington River Rd Washington WA 98671
 NAME OF LEGAL OWNER Washington Mutual
 NAME OF ADDITIONAL LEGAL OWNER
 ADDRESS CITY STATE ZIP CODE
 20001 Prairie Street Chatsworth CA 91311

GRANTEE NAME Department of Licensing
 ADDRESS CITY STATE ZIP CODE
 20001 Prairie Street Chatsworth CA 91311

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 Cecil J. Henson
 Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania Signed or attested before me on 11/20/02
 by Cecil J. Henson Signature Julie A. Andersen
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
 by Julie A. Andersen PRINTED NAME OF NOTARY
 Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 7-17-2006

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: 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)	BLOG PERMIT OFFICE/PHONE #	BLOG PERMIT #
Marlon Morat	509-427-9484	231-02

SIGNATURE / POSITION DATE
 Marlon Morat, Building Inspector 2-18-03

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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 _____					
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 _____	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR 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 10, HIDEAWAY II, according to the plat thereof, recorded in Book "B" of Plats, Page 4, 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) <i>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-0108</i>		
SIGNATURE <i>Angela Moser</i>			DATE <i>2-26-03</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.

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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: Rosa Mora
 Signature of Persons Legal Owner and Title, IF APPLICABLE: Rosa Mora - Manager
for Washington Mutual

7 NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of California Signed or attested before me on Feb 21, 2003
 County of Los Angeles
 by Rosa Mora Signature Catalina Escalante
 PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
for Washington Mutual **Catalina Escalante**
 PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY
 AND: County/Office No. OR Dealer No. OR Notary Expiration Date Aug 20, 2004

8 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)
 Lot 10, HIDEAWAY II, according to the plat thereof, recorded in Book "B" of Plats, Page 4, in the County of Skamania, State of Washington.

9 DEALER'S REPORT OF SALE
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 DEALER NAME (TYPED OR PRINTED) _____ VIA 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).

10 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'S OPERATOR NUMBER _____
 SIGNATURE _____ DATE _____

11 TITLE FEES

FLING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

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6 SIGNATURE OF LEGAL OWNER
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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 _____ Signed or attested before me on _____
 County of _____

by _____ Signature _____ NOTARY OR AGENT
PRINT NAME OF LEGAL OWNER

by _____ PRINTED NAME OF NOTARY
PRINT NAME OF LEGAL OWNER County/Office No. OR Dealer No. OR
 Title _____ AND: Notary Expiration Date _____
DEALERSHIP POSITION/AGENT/NOTARY

7 LAND DESCRIPTION (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) <i>Golden Pacific Homes</i>	WA DEALER NUMBER <i>4076</i>	DATE OF SALE <i>1-31-03</i>
PURCHASE PRICE <i>41164.00</i>	TAX JURISDICTION/TAX RATE <i>7.0%</i>	DEALER'S AUTHORIZED SIGNATURE <i>Larry Meyer</i>

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

FLING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

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