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STATE OF WASHI Department of	-		ACTURED H	CITIC SERVICE		CHECK ONE
<u> </u>	<u>SING</u>	Al	PPLICATION	TRANS	FER IN	LOCATION
Anyone who know	ingly makes a fa	sise statement	of a material fact is gr	ulity HEMO' ment, or both. (RCW 4		M REAL PROPERTY
1 MANUFACTUR		nay be punished	o by a fine, imprison	ment, or both. (NCW 4	0.12.210)	h
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MANUFACTURED	HOME WILL BE	XX AFFIXED	REMOVED	03-08-29-1	-1-510	MER L-00
LOT	BLOCK	PLAT NAME				INSHIP/RANGE
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COUNTY NUMBER			OF REGISTERED OWNERS		OF LEGAL O	MNERS
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Richard L.		- 45	ь ч	L 7		
NAME OF ADDITIONAL R	EGISTERED OWNER	A .	7			
Sandra K. N	yberg		0774			
Po Box	328		Ce JOA		STATE	286 10
NAME OF LEGAL OWNER						
Union Feder	al Bank of	Indianap	olis			
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ADDRESS	7		CITY		STATE	ZIP CODE
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Signature of Addition				N FOR REGISTERED	OWNED'S	DSIGNATURE
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Notary	Public	County o	J.KAMAN		e me on	7-25-05
State of W	ashington		h	Signature	2, 1	where!
JAMES R CO	PELANU;	RINT NAME OF RE	GISTERED OWNER	NO	AY OR AGEN	at a
MY COMMIS	ION EXPIRES	PRINT NAME OF RE	GISTERED OWNER	PRINTED NAME O	F NOTARY	cope/and 71
Septemo	er 13,2003	~ N	oters		ounty/Office	No. OR 9 -/7 - C
TITLE COMPAN		DEALERSHIP POSIT	HON/AGENT/NOTARY		tary Expirati	
TITLE COMPAN certify that the legal			rship is true and correc	ot per the real property i	ecords.	
IAME (TYPED OR PRINTE				COMPANY / PHONE NUMBE		
GNATURE / POSITION						0.175
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			thin 10 calendar days	of the date Title Com	pany Repr	esentative signs.
BUILDING PERA			oon officed to the			
certify that:	abuilding per	mit has been iss	een affixed to the real pued for this purpose an	property as described. Id the attachment will be	a inspected	i upon completion.
AME (TYPED OR PRINTE	EO)		DG PERMIT OFFICE/PHONE		BLOG PERM	
INTURE / POSITION	NIOLO.	t 50	<del>74-49.7-40</del>	184	<u> </u>	DATE
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	OF LEGAL OWNER					
SIGNATURE OF L	EGAL OWNER IN	DICATES CONSEN	T FOR ELIMINATI	ON OF TITLE!	EMOVAL FR	OM REAL PROPERTY
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		nd Title, IF APPLICA	, ,		7	
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	<sup>Oy</sup> #	PINT NAME OF LEGAL O	WNER	PRINTED NA	ME OF NOTARY	Of let
	Title			AND:	County/Office	No. OR
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IMPORTANT	<ul> <li>Once the ap</li> </ul>	plication has bee	approved by th	e County Audit	or / Vehicle	
	Licensing Or	nce, take vour an	olication form to	the County Ba	warding Off	ice.
	vour original	of the recording application form,	lees paid. If the I	Recording Office	e retains	
APPI	LICANTS: Cno	e recorded, you r	nust return to a \	ehicle Licensii	ng office to	file the
	maii	wactused Mome	Application, davu	O all required:	fees. Vehici	e
L	ncer	ising subagents o	narge a service	66.		
For full in	nstructions on co	mpleting this form	for Title Elimina	tion, Removal	from Real P	roperty
or Trans	fer in Location, s	ee form TD-420-7	30, Manufacture	d Home Applic	ation Instru	ctions.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8865.

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

800x 238 PAGE 383

A tract of land in the Northeast Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the East line of said Section 29 South 00°01'24" East 525 feet from the Northeast corner of said section; thence West 230 feet; thence South 100 feet to the initial point of the tract hereby described; thence East 200 feet; thence South 100 feet; thence West 20 feet; thence South 130 feet; thence West 180 feet to a pont South of the initial point; thence North 230 feet to the initial point.