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		Les mes
RETURN ADDRESS	- J. Hig (1)	: ब्रह्म स्वयः : शिक्षः
	- Gau	ry
	Printer Property	303
	Adrian Uniffer	1
	- Verlag	
STATE OF MASHINGTON MANUFACTURED I	NOTITLE ELIMINATION	ONE
Anyone who knowingly makes a false statement of a material fact is g of a felony, and upon conviction may be punished by a fine, imprisor	DEMOVAL FROM PERSON	ROPERTY
MANUFACTUREDHOME		4
2002 Valley 68 X 40	VMH12831W23919ABC	7
MANUFACTURED HOME WILL BE A AFFIXED REMOVED	REAL PROPERTY TAY PARCEL AND TO	
LOT BLOCK PLAT NAME	03-08-17-3-0-0602-00 SECTION/TOWNSHIP/RANGE	
CPANTORICA CONTRACTOR LAZALIE Coates Sh	TIONAL NAMES ON PAGE	
30 NAME OF REGISTERED OWNER 2	TWITE OTHERS TWITE	94 (A)
Scott T. Peters NAME OF ADDITIONAL REGISTERED OWNER	2010	
Patricia D. Peters ADDRESS CITY	800	~
PO Box 492 NAME OF LEGAL OWNER Carson	STATE ZIP CODE WA 98610	9
National City Mortgage Company NAME OF ADDITIONAL LEGAL OWNER		
ADDRESS	STATE ZIP CODE	
1500 SW First Ave. 8th Floor Portland GRANTEE	OR 97201	
DEPARTMENT OF LICENSING		
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE VEHICLE AND THIS INFORMATION IS ACCURATE:	AWARE THE REGISTERED OWNER(S) OF T	HIS
Signature of Registered Owner and Title, IF APPLICABLE	2/ 0/	-
Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICATION	STERES OWNER(S) SIGNATURE	_
State of Washington County of Skamania		
* PUBLIC Dy Scott T. Peters PRINT NAME OF REGISTERED OWNER	Signature Julia a. Ora	lerson
	Julie A. Anderso	en
THE LOTAYU	County/Office No. OR AND: Dealer No. OR 7/17 Notary Expiration Date	lzoso
TITLE COMPANY CERTIFICATION certify that the legal description of the land and ownership is true and correct ME (TYPED OR PRINTED)		\exists
SNATURE / POSITION	OMPANY / PHONE NUMBER	
	DATE	
nalize this application with a Licensing Agent within 10 calendar days o BUILDING PERMIT OFFICE CERTIFICATION		s.
certify that: the manufactured home has been affixed to the real prometing a building permit has been issued for this purpose and the (TYPED OR PRINTED) BLDG PERMIT OFFICE/PHONE #	the attachment will be inspected upon completion	n.
Marlon Mort 509-427-0	1484 BLDG PERMIT : 123-02	
Day of Building I	nspector 3-17-03	

	EGAL OWNER INF	CATES CONSENT E	OR EL HAINATION	OCTITI E (DE L'	AL FROM REAL PROPERT
		NORTES CONSENT F	~ NO 72 V	TOP IIILE / REMOV	
E .		d Title, IF APPLICABLE		Mente	In Close / Runder
NOTARY STATES	Mel Logal Owcer an	d Title, IF APPLICABLE	<u> </u>		4 7 4
I REELEY KEE	GAN 'I	NOTARIZATION	CERTIFICATION	FOR LEGAL OWNE	R(S) SIGNATURE
NOTARY PUBLIC- COMMISSION NO. DMMISSION EXPIRES OC	OREGON I State	of Washington One	9.00	Signadoretta	sted
	by _	Sticila 4. Tal	(uta)	Signature L o	ec. L
		INT NAME OF LEGAL OWNE	R	MOTARY	
	by PR	INT NAME OF LEGAL OWNE	В	PRINTED NAME OF NO	
	Tide	ALERSHIP POSITION/AGENT		AND:	y/Office No. OR Dealer No. OR
7 LAND DESCRI				Notary	Expiration Date
1	TION (A legal des	cription of the land ca	in be obtained fro	m the local County	Assessor's Office
of Washingt	on, describe	ed as follows:	lan, in the	County of S	mship 3 North, kamania, State
Lot 3 of th Page 278, S	e Lazalle Co kamania Cour	oates Short Pl	at, recorde	ed in Book 3	of Short Plats,
	- 10	,	Th		- 1
		-	-		
	-	- 1	-		
8 DEALER'S REP	ORTOF SALE				
I CERTIFY THAT	THISINFORMATIO	NIS CORRECT. THE V	EHICLE IS CLEA	R OF ENCUMBRANCE	CES EXCEPT AS SHOWN.
DEALER NAME (TYPED C	* - E PO D	EEN COLLECTED.			
	mrnn(eb)		W	A DEALER MUMBER	DATE OF SALE
PURCHASE PRICE	700	ONTAX RATE DEALER'S			DATE OF SALE
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PURCHASE PRICE	TAX JURISOICTI	ertifled Tribal member o	AUTHORIZED SIGNAT	URE	\sim
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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) 664-8885

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