

148042

BOOK 239 PAGE 199

RETURN ADDRESS

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)
2002 Valley 68 X 40 VMH12831W23919ABC

2 LAND

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED REAL PROPERTY TAX PARCEL NUMBER
03-08-17-3-0-0602-00

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
3 Lazalle Coates Short Plat

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS
30 2 1

NAME OF REGISTERED OWNER
Scott T. Peters

NAME OF ADDITIONAL REGISTERED OWNER
Patricia D. Peters

ADDRESS CITY STATE ZIP CODE
PO Box 492 Carson WA 98610

NAME OF LEGAL OWNER
National City Mortgage Company

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
1500 SW First Ave. 8th Floor Portland OR 97201

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 *Scott T. Peters*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Patricia D. Peters*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania Signed or attested before me on 11/5/02

by *Scott T. Peters* Signature *Julie A. Andersen*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by *Patricia D. Peters* Signature *Julie A. Andersen*
PRINT NAME OF REGISTERED OWNER

Title *Notary* AND: County/Office No. OR 7/17/2006
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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.

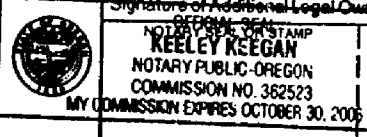
5 BUILDING PERMIT OFFICE CERTIFICATION

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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #
Marlon Mott 509-422-9484 123-02

SIGNATURE / POSITION DATE
Marlon Mott Building Inspector 3-12-03

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

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 <u>Shirley Moser, In Close / Ruler</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of <u>Washington</u> <u>Oregon</u>		Signed or attested before me on <u>11/11/02</u>		
	County of <u>Multnomah</u>				
	by <u>Shirley U. Moser</u>		Signature <u>Keeley Keegan</u>		
	PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT		
by _____		PRINTED NAME OF NOTARY <u>Keeley Keegan</u>			
PRINT NAME OF LEGAL OWNER		County/Office No. OR _____			
Title _____		AND: Dealer No. OR _____			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date _____			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A tract of land in the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 3 of the Lazalle Coates Short Plat, recorded in Book 3 of Short Plats, Page 278, Skamania County Records.					
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)			COUNTY OFFICE/VEHICLE OPERATOR NUMBER		
<u>Angela Moser</u>			<u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>3-21-03</u>		
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.