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SP  
BY  
BRANAMIA CO. TITLE


May 6 2 43 PM '03

J. M. MORAT

RETURN ADDRESS

STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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 48.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
X001979	1979	CRWNP	66 X 14	WAFL1X904642710	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 01-05-09-0-0-0615-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
2		Basey			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
Norman L. Vaughn					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
701 Mt Pleasant Road		CITY	Washougal	STATE	ZIP CODE
				WA	98671
NAME OF LEGAL OWNER					
Wells Fargo Home Mortgage, Inc.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
12550 SE 93rd. Ave., Ste 400		CITY	Clackamas	STATE	ZIP CODE
				OR	97015
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 <i>Norman L. Vaughn</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY PUBLIC LINDA C. FITZ COMMISSION EXPIRES 11-20-04 STATE OF WASHINGTON					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on		4-10-03	
County of Clatsop		Signature <i>Jack Pitt</i>		NOTARY OR AGENT	
PRINT NAME OF REGISTERED OWNER		LINDA C. FITZ		PRINTED NAME OF NOTARY	
by		Title		AND: County/Office No. OR	
DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR		Notary Expiration Date 11/20/2004	
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input checked="" 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 #	
Morton Morat		509-422-9484			
SIGNATURE / POSITION		DATE			
<i>Morton Morat</i>		Building Inspector		4-25-03	

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<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <i>Shawn Pomeroy</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <del>Washington</del> <b>OREGON</b>		Signed or attested before me on <i>1/17/03</i>	
		County of <i>Clackamas</i>			
		by <i>Shawn Pomeroy</i>		Signature <i>Holly Warren</i>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by <i>Holly Warren</i>		PRINTED NAME OF NOTARY	
		Title		County/Office No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR	
				Notary Expiration Date <i>2-27-07</i>	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A tract of land in the Northwest Quarter of Section 9, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 2 of the Basey Short Plat, according to the recorded Short Plat recorded in Book 3 of Short Plats, Page 274, Skamania County Records.					
<b>8 DEALER'S REPORT OF SALE</b>					
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).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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		
<i>Angela Maser</i>			<i>30-01-08</i>		
SIGNATURE <i>Angela Maser</i>			DATE <i>5-16-03</i>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.					
<b>APPLICANTS:</b> 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 (360) 902-3600 or TDD (360) 664-8885.