150308 BOOK 250 PAGE 552

Dolores Currier

RETURN ADDRESS
Dolores Currier
PO Box 139
N. Bonneville, WA 98639

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] 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

TRD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
8260381	2004	FLTWD	52 X 28	ORFL348A29521-L513

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 02-01-20-00-0227-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
6		Amber Oaks	20/2/7

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

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

NAME OF REGISTERED OWNER: Dolores C. Currier

NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS: PO Box 134 CITY: N. Bonneville STATE: WA ZIP CODE: 98639

NAME OF LEGAL OWNER: n/a

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: CITY: STATE: ZIP CODE:

GRANTEE

NAME: State of WA Dept 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: Dolores C. Currier

Signature of Additional Registered Owner and Title, IF APPLICABLE:

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington, County of Skamania — Signed or attested before me on 9/

by Dolores C Currier (PRINT NAME OF REGISTERED OWNER) — Signature (NOTARY OR AGENT) P Lowry

by (PRINT NAME OF REGISTERED OWNER) — PRINTED NAME OF NOTARY: Peggy Lowry

Title Agent (DEALERSHIP POSITION, AGENT/NOTARY) — AND: County Office No. OR Dealer No. OR 300106, 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): David Nail | BLDG PERMIT OFFICE PHONE # | BLDG PERMIT #: 03-270

SIGNATURE / POSITION: David Nail - Building Inspector | DATE: 9/17/03

TD-420-723 MANUF HOME APPL (R 8/98) OR Page 1 of 2

BOOK 250 PAGE 553

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 n/a

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 _____ Signature _____
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by _____ _____
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title _____ County Office No. OR
DEALERSHIP POSITION/AGENT/NOTARY AND: 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 6 Amber Oaks recorded in Book B of Plats at page 117, 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	

☐ **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/VFS OPERATOR NUMBER
Peggy Lowry	30 01 06
SIGNATURE Peggy Lowry	DATE 9/17/03

10 TITLE FEES

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

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.

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.

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.