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RETURN ADDRESS

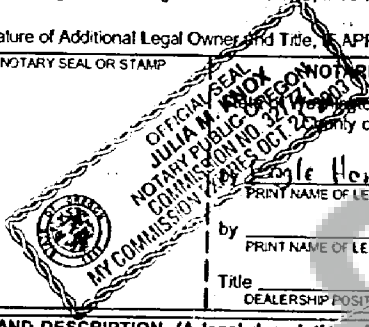
SARASOTA CO. TITLE

Oct 2 11 42 AM '03

CANNON

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 46.12.210)				<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)	
7009030	1990	Champ	60 X 28	8206	
<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 02-05-27-0-0701-00					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				527, T2N, R5E	
<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					
Grant Hedblom					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
101 Hilltop Rd W. Shoups WA 98671					
NAME OF LEGAL OWNER					
Eagle Home Mortgage					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
10510 NE Northrup Way Suite 300 Kirdland WA 98033					
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 Grant Hedblom					
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 9-5-03					
by PRINT NAME OF REGISTERED OWNER Signature James R. Copeland					
by PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY James R. Copeland					
Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9-17-07					
<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 type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" 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 #					
Marlon Morat 509-427-9484 175-03					
SIGNATURE / POSITION DATE					
Marlon Morat Building Inspector 9-30-03					

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<b>MANUFACTURED HOME - FROM SECTION 1</b>				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			X	
<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 <u>Paul A. Lattin SUP</u>				
Signature of Additional Legal Owner and Title, IF APPLICABLE _____				
NOTARY SEAL OR STAMP				
				
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
SIGNED OR ATTESTED before me on <u>9/15/03</u>			SIGNED BY <u>Julia M. Knox</u>	
PRINTED NAME OF LEGAL OWNER <u>Paul A. Lattin</u>			PRINTED NAME OF NOTARY <u>Julia M. Knox</u>	
by _____			AND: _____	
Title _____			County/Office No. OR _____	
DEALERSHIP POSITION/AGENT/NOTARY _____			Notary Expiration Date <u>10/21/03</u>	
<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 27, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the Melvin L. Eades Short Plat, recorded in Book 2 of Short Plats, Page 70, 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"/> <b>USE TAX EXEMPT</b> 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 information 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		DATE		
<u>Angela Moser</u>		<u>10-2-03</u>		
<b>10 TITLE FEES</b>				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				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 TTY (360) 664-8385.