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BY Ron HopkinsOCT 17 10 52 AM '03
J. MICHAEL J. JARVIS

RETURN ADDRESS

Ron Hopkins
P.O. Box 558
Washunga, WA 98671

STATE OF WASHINGTON Department of Licensing		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)					
MANUFACTURED HOME					
TITLE / PLATE NUMBER <u>E 262525</u>	YEAR <u>2000</u>	MAKE <u>FLTWO</u>	LENGTH/WIDTH (FEET) <u>24 X 52</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>0RFLX48X26984HH13</u>	
LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER <u>03-07-36-1-3-2001-00</u>					
LOT <u>#2</u>	BLOCK	PLAT NAME <u>Shoell Short Plat</u>		SECTION/TOWNSHIP/RANGE <u>36 / 3 North / 7 East</u>	
GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER <u>30</u>	NUMBER OF REGISTERED OWNERS <u>1</u>		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER <u>Ronald L Hopkins</u>					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS <u>P.O. Box 558</u> CITY <u>Washunga</u> STATE <u>WA</u> ZIP CODE <u>98671</u>					
NAME OF LEGAL OWNER <u>Ronald L Hopkins RH</u>					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
GRANTEE NAME <u>State of Washington Dept of Lic</u>					
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 <u>Ronald L Hopkins</u>					
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 <u>Skamania</u> Signed or attested before me on <u>10-13-03</u>			
		by <u>Ronald L Hopkins</u> Signature <u>Cheryl A. Maser</u> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by _____ PRINT NAME OF REGISTERED OWNER			
		Title <u>Agent</u> PRINTED NAME OF NOTARY DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>300008</u>			
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: <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 #					
<u>DAVE NAIL</u> <u>509-427-5970</u> <u>03-001</u>					
SIGNATURE / POSITION DATE <u>Dave Nail Building Inspector</u> <u>10/14/03</u>					

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 _____					
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 _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date	
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: _____			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
LOT 2 of the Shoell Short Plat recorded in Book T of Short Plats page 33, 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) <i>Peggy Lowry</i>			COUNTY OFFICE/VS OPERATOR NUMBER <i>300106</i>		
SIGNATURE <i>Peggy Lowry</i>			DATE <i>10/17/03</i>		
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) 664-8895.