

150748

BOOK 252 PAGE 540

FILED IN RECORDS  
STATE OF WASH  
BY Ron Hopkins

Oct 17 10 52 AM '03

*Plawny*

J. MICHAEL JOHNSON

RETURN ADDRESS

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

Original  
Copied In  
Filed

**STATE OF WASHINGTON**  
**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)

**MANUFACTURED HOME**

TITLE NUMBER <i>E 262525</i>	YEAR <i>2000</i>	MAKE <i>FLTWO</i>	LENGTH/WIDTH (FEET) <i>27 X 52</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>0RFEX48X026984MH13</i>
---------------------------------	---------------------	----------------------	---------------------------------------	--

LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
*03-07-36-1-3-2001-00*

LOT <i>#2</i>	BLOCK	PLAT NAME <i>Shoell Short Plat</i>	SECTION/TOWNSHIP/RANGE <i>36 / 3 North / 7 East</i>
------------------	-------	---------------------------------------	--

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

COUNTY NUMBER <i>30</i>	NUMBER OF REGISTERED OWNERS <i>1</i>	NUMBER OF LEGAL OWNERS
----------------------------	---	------------------------

NAME OF REGISTERED OWNER  
*Ronald L Hopkins*

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE  
*P.O. Box 558 Washunga WA 98671*

NAME OF LEGAL OWNER  
*Ronald L Hopkins RH*

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE

GRANTEE  
NAME  
*State of Washington Dept of Lic*

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 *Ronald L Hopkins*

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 *10-13-03*

by *Ronald L Hopkins* Signature *Angela Mauer*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY  
Title *Agent* AND: County/Office No. OR Dealer No. OR Notary Expiration Date *200408*

**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.

**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 #  
*DAVE NAIL 509-427-5970 03-001*

SIGNATURE / POSITION DATE  
*Dave Nail Building Inspector 10/14/03*

<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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
<b>NOTARY SEAL OR STAMP</b>	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>				
	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 _____			
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date _____			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
LOT 2 of the Shoell Short Plat recorded in Book T of Short Plats page 33, 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 documentation to proceed with the recording of this form.					
NAME (TYPED OR PRINTED)		COUNTY OFFICE/VFS OPERATOR NUMBER			
SIGNATURE <i>Peggy Lowry</i>		300106		DATE 10/17/03	
<b>10 TITLE FEES</b>					
FLING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p><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.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><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.</p> </div> <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) 664-8895.