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BOOK 282 PAGE 818

FILED FOR RECORD
SYSTEM
WASHINGTON CO. TITLE

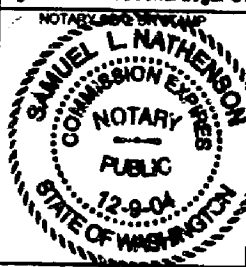
RETURN ADDRESS

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Amoser

J. MICHAEL ANDERSON

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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 6250743	YEAR 1999	MAKE FLTWD	LENGTHXWIDTH(FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) FLW48AB52228BS13	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-07-36-2-3-0408-00					
LOT 20	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Inan Park Creek Tracts		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 1		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Julie Mayfield					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS 425 PO Box 3491					
CITY Stevenson		STATE WA		ZIP CODE 98502-7864	
NAME OF LEGAL OWNER Washington Mutual Bank					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS 3060 139th Ave SE Ste 200					
CITY Bellevue		STATE WA		ZIP CODE 98005	
GRANTEE					
NAME State of Washington					
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 Julie Mayfield					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania		Signed or attested before me on 10/03/03			
by Julie Mayfield		Signature Julie A. Andersen			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Julie A. Andersen		PRINTED NAME OF NOTARY			
Title Notary		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 11-1-2004			
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 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) DAVE NAIL		BLDG PERMIT OFFICE/PHONE # 509-427-5970		BLDG PERMIT #	
SIGNATURE / POSITION Dave Nail Building Inspector		DATE 10/16/03			

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER 6250743	YEAR 1999	MAKE FLTRD	LENGTHXWIDTHXFEET 48X28	VEHICLE IDENTIFICATION NUMBER (VIN) FLW48AB52228BS13	
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 <i>[Signature]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>King</u> Signed or attested before me on <u>10-8-03</u> by <u>Linda Ruffe</u> PRINT NAME OF LEGAL OWNER Signature <i>[Signature]</i> NOTARY OR AGENT by <u>Notary</u> PRINT NAME OF LEGAL OWNER Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR AND: Notary Expiration Date <u>12-9-04</u>			
2 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 20 of the IMAN ROCK CREEK TRACTS, according to the official Plat thereof, on file and of record at Page 118 of Book 'A' of Plats, Records of Skamania County, Washington.					
3 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).					
4 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) <u>Angela Moser</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>			
SIGNATURE <i>[Signature]</i>		DATE <u>10-22-03</u>			
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 TTY (360) 684-8885.