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BOOK 253 PAGE 324

FILED
SEAL
Karl Kagarise

OCT 28 12 38 PM '03

J. MICHAEL GARRISON

RETURN ADDRESS

Karl Kagarise
P.O. Box 98
The Dalles OR 97058

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	YEAR	MAKE	LENGTH/WIDTH/HEIGHT	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Skyline	52 X 28	D191-0465-R AB	
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 0206341380000					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
9+10		Duncan Creek Addition	34/2 North/6 East		
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					
Karl Kagarise					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 98		The Dalles	OR	97058	
NAME OF LEGAL OWNER					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME					
State of Washington 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 Karl Kagarise					
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 10-28-03			
		by Karl Kagarise Signature Charles Moser			
		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 300-08			
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 #	
Marlon Morat		509-427-9484		96-02	
SIGNATURE / POSITION		DATE			
Marlon Morat Building Inspector		10-28-03			