

151055

BOOK 253 PAGE 846

FILED IN RECORD
SEATTLE WASH
BENJAMIN CO. III

Nov 5 4 02 PM '03

C. Moser

J. MICHAEL HARRISON

RETURN ADDRESS

By using
covered by
Acres
Title

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)
\$46998	1979	FLIWD	60 X 24	IDFL2B946041492

2 LAND

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 03-08-17-2-0-0152-0000

LOT	BLOCK	PLAT NAME	SECTION
3		Moser Acres	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER: James G. Cowan
 NAME OF ADDITIONAL REGISTERED OWNER: Shiley D. Cowan

ADDRESS: PO Box 1096, CITY: Carson, STATE: WA, ZIP CODE: 98610

NAME OF LEGAL OWNER: Long Beach Mortgage Company
 ADDRESS: 4160 Dublin Blvd #400, CITY: Dublin, STATE: CA, ZIP CODE: 94568

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: *James G. Cowan*
 Signature of Additional Registered Owner and Title, IF APPLICABLE: *Shiley D. Cowan*

NOTARY SEAL OR STAMP: Notary Public, State of Washington, JAMES R COPELAND JR, MY COMMISSION EXPIRES September 13, 2003

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
 State of Washington, County of Skagit, Signed or attested before me on 6-23-03
 Signature: *[Notary Signature]*
 PRINTED NAME OF NOTARY: James R Copeland Jr
 AND: County/Office No. OR 9-13-03, Dealer No. OR, Notary Expiration Date

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 applicat on with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

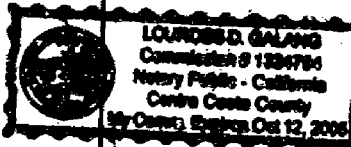
5 BUILDING PERMIT OFFICE CERTIFICATION
 I certify that: the manufactured home has been affixed to the real property as described.
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED): Marlon Morat, BLDG PERMIT OFFICE/PHONE #: 509-427-9484, BLDG PERMIT #: _____
 SIGNATURE / POSITION: *Marlon Morat, Building Inspector*, DATE: 9-15-03

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]*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP 

NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of California County of Stanislaus Signed or attested before me on 7/22/03

by Jay Weisbrod PRINT NAME OF LEGAL OWNER Signature *[Signature]* NOTARY OR AGENT

by Lourdes D. Galang PRINT NAME OF NOTARY Signature *[Signature]*

Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date 12/12/05

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 3, Moser Acres According to the recorded Plat thereof, recorded in Book 'B', Page 54, in the County of Skamania, State of Washington.

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 _____

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) Angela Moser COUNTY OFFICE/PS OPERATOR NUMBER 30-01-08

SIGNATURE *[Signature]* DATE 11-5-03

10 TITLE FEES

FILED 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) 684-8885.