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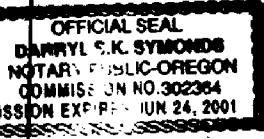
BOOK 254 PAGE 591

## RETURN ADDRESS

Harry Holt  
912 Archer Mt. Rd  
Skamania, WA 98648

Harry Holt  
REV 21 10011103  
AMASER

STATE OF WASHINGTON Department of <b>Licensing</b>		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 46.12.210)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
1026094	1993	MARLETT	56 X 14	H007060	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02-06-32-0-0-0402-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
#1	Land 7/2 REORDER	BK 2 pg 104 SKA Co. Records		32 2 6	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER					
Harry C. Holt					
NAME OF ADDITIONAL REGISTERED OWNER					
Lauri A. Holt					
ADDRESS					
912 ARCHER MTN. RD.					
NAME OF LEGAL OWNER					
American General					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
4340 N.E. SANDY BLVD.					
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 <i>Harry C. Holt</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Lauri A. Holt</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
 OFFICIAL SEAL LAURA A. PORTLOCK NOTARY PUBLIC - OREGON COMMISSION NO. 322746 MY COMMISSION EXPIRES APR. 21, 2003		State of Washington Oregon County of Multnomah Signed or attested before me on 8/16/00 by Harry C. Holt PRINT NAME OF REGISTERED OWNER Signature <i>Lauri A. Portlock</i> NOTARY OR AGENT by Lauri A. Holt PRINT NAME OF REGISTERED OWNER Signature <i>Lauri A. Portlock</i> PRINTED NAME OF NOTARY Title Escrow Assistant DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 4-21-03			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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			
SIGNATURE / POSITION		Building Inspector		DATE	
<i>Marlon Morat</i>				1-10-01	

<b>7 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 <u>Bethany Boerst Financial Rep</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington <u>Oregon</u>		Signed or attested before me on <u>8/16/03</u>	
		County of <u>Multnomah</u>		by <u>American General Flying Inc.</u>	
		PRINT NAME OF LEGAL OWNER <u>Bethany Boerst</u>		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER <u>Bethany Boerst</u>		PRINT NAME OF NOTARY <u>Danny Symonds</u>	
Title <u>Branch manager</u>		AND: County Office No. OR _____		Dealer No. OR _____	
DEALER'S POSITION/AGENT/NOTARY		Notary Expiration Date <u>6/24/01</u>			
<b>8 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
<p>Lot 1 Laird Short Plat recorded in Book 2 Page 104 of Short Plats, Skumaki County, WA records</p>					
<b>9 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>10 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) <u>Breeta Messer</u>			COUNTY OFFICE/VS OPERATOR NUMBER <u>30-01-05</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>10-24-03</u>		
<b>11 TITLE FEES</b>					
FILING 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-top: 10px;"> <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) 664-8885.