

151471

BOOK 255 PAGE 640

CLARK COUNTY TITLE

RETURN ADDRESS

CLARK COUNTY TITLE

1307B NE 78th STREET #12

VANCOUVER, WA 98665

ATTN: JAN #91694


DEC 16 3 47 AM '03

Cramer

JAN 10 10 03

1/10/03
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1/10/03

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 46.12.210)				<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 65794	YEAR 1994	MAKE HALLM	LENGTH/WIDTH (FEET) 28 X 52	VEHICLE IDENTIFICATION NUMBER (VIN) 11819875A8	
2 LAND					
LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 01-05-08-0-0-0903-00	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE #903, Sec 8, T1N, R5 EWM	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER SKAMANIA		NUMBER OF REGISTERED OWNERS FOUR		ADDITIONAL NAMES ON PAGE 4 NUMBER OF LEGAL OWNERS ONE	
NAME OF REGISTERED OWNER JUDY M. WILEY					
NAME OF ADDITIONAL REGISTERED OWNER STEVEN D. CALLISON					
ADDRESS 151 UNALAKLEET ROAD CITY WASHOUGAL STATE WA ZIP CODE 98671					
NAME OF LEGAL OWNER WASHINGTON MUTUAL BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 5300 SW MEADOWS ROAD #450 CITY LAKE OSWEGO STATE OR ZIP CODE 97035					
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 Judy M. Wiley					
Signature of Additional Registered Owner and Title, IF APPLICABLE Steven D. Callison					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
JAN SOUTHARD NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES OCTOBER 10, 2006		State of Washington County of CLARK SIGNED OR ATTESTED before me on 12-15-03 Signature JAN SOUTHARD NOTARY OR AGENT PRINTED NAME OF NOTARY JAN SOUTHARD			
JUDY M. WILEY AND PRINT NAME OF REGISTERED OWNER STEVEN D. CALLISON PRINT NAME OF REGISTERED OWNER Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10/10/06			
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) Marlon Morat		BLDG PERMIT OFFICE/PHONE # 509-427-9484		BLDG PERMIT #	
SIGNATURE / POSITION Marlon Morat, Building Inspector		DATE 12-9-03			

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			BY: <u>Washington Mutual Bank</u> (signature) <u>Corporate Officer</u> (title)		
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <u>Washington</u> OREGON		Signed or attested before me on <u>10.17.03</u>	
		County of <u>Clackamas</u>		Signature <u>Suzanne Hall</u> (signature)	
		by <u>Suzanne Hall</u> (signature)		Signature <u>LeRae Hunt</u> (signature)	
		PRINT NAME OF LEGAL OWNER		PRINT NAME OF NOTARY	
by <u>LeRae Hunt</u> (signature)		PRINT NAME OF LEGAL OWNER		County/Office No. OR <u>16300</u>	
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR <u>16300</u>	
				Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
SEE ATTACHED LEGAL DESCRIPTION.					
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			
<input type="checkbox"/> 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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<u>Angela Moser</u>			<u>30-0108</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>12-16-03</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <p>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.</p> <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.



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: . Property Tax Parcel Number #903 SEC 8 T1N R5E WM

Legal Description:

BEGINNING at the Northeast corner of the Southeast quarter of the Northeast quarter of Section 8, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County, Washington; thence South $1^{\circ}40'35''$ West along the East line of said Section 8, a distance of 175.00 feet to the True Point of Beginning; thence North $82^{\circ}25'20''$ West a distance of 511.71 feet; thence South $1^{\circ}40'35''$ West a distance of 1308 feet, more or less, to the North line of Mt. Pleasant Road; thence Easterly along the North line of said Mt. Pleasant Road to the East line of Section 8; thence North $1^{\circ}40'35''$ East, along the East line of said Section 8, a distance of 1067 feet, more or less, to the True Point of Beginning.

OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- ☐ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

01-05-08-0-0-0903-00

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)	
NAME OF REGISTERED OWNER ALAN W. CALLISON	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER JANET M. CALLISON	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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 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(S)	
SIGNATURE OF REGISTERED OWNER <i>Alan W. Callison</i>	DATE 10-15-03
SIGNATURE OF REGISTERED OWNER <i>Janet M. Callison</i>	DATE 10-15-03
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington	Signed or attested
	County of CLARK	before me on 10-15-03
	ALAN W. CALLISON AND	Signature <i>Jan Southard</i>
	JANET M. CALLISON	Notary or Agent
	Printed Name of Applicant	Printed name of Notary JAN SOUTHARD
	NOTARY	Dealer No. OR
	Dealership Position/Agent/Notary	AND: County/Office No. OR 10/10/06
		Notary Expiration Date

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