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RETURN ADDRESS

SEABOARD CO INC

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J. Biol. Chem. 265:1033-1037, 1990
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0021-9258/90/01033-05\$05.00/0

[illegible]

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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)	
6196569	2001	SKYLI	38 X 28	9U910494N	
2 LAND LEGAL DESCRIPTION ON PAGE <u>2</u>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 03-07-25-4-0-0106-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
6		Yenger Haven			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Jo	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Clifford D. Shippentower					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Alice E. Shippentower					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 105		Stevenson	WA	98648	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Wells Fargo Home Mortgage, Inc.					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
10220 SW Greenburg Ste 501		Portland	OR	97223	
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 <u>Clifford D. Shippentower</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Alice E. Shippentower</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skamania</u>			
		Signed or attested before me on <u>11/10/03</u>			
		by <u>Clifford D. Shippentower</u>		Signature <u>Julie A Andersen</u>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by <u>Alice E. Shippentower</u>		Signature <u>Julie A Andersen</u>	
PRINT NAME OF REGISTERED OWNER		PRINT NAME OF A NOTARY		County/Office No. OR	
Title <u>Notary</u>		AND: <u>7/1/2006</u>		Dealer No. OR	
DEALERSHIP POSITION: AGENT/NOTARY		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 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		239-00	
SIGNATURE / POSITION				DATE	
<u>Marlon Morat</u>		Building Inspector		1-12-04	

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MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
			X		
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 <i>Robert & Mary Ann Clark</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on 12/20/03	
		County of Washington			
		by <i>Willsboro Home Mtg</i>		Signature <i>Julie L. Melcher</i>	
		PRINTED NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
				AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 6, YEAGER HAVEN, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 134, 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			
<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) <i>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER		
SIGNATURE <i>Angela Moser</i>			30-01-08		
			DATE 1-14-04		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
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.					TOTAL FEES & TAX
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) 664-8885.