

151718


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RETURN ADDRESS

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)				<input checked="" type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
3037287	1992	Oakma	56 X 28	06910388E	
<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	
				02-05-19-0-0-0802-00	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
1		Malfait Short Plat No. 4			
<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					
Merle R. Snoen					
NAME OF ADDITIONAL REGISTERED OWNER					
Deborah K. Snoen					
ADDRESS					
41 Loretta Road W. Shoups					
CITY STATE ZIP CODE					
WA 98671					
NAME OF LEGAL OWNER					
Washington Mutual					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
990 S. 2nd Street Coos Bay					
CITY STATE ZIP CODE					
OR 97420					
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>Merle R. Snoen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Deborah K. Snoen</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		County of Skamania		Signed or attested before me on 2-6-03	
Notary Public		NAME OF REGISTERED OWNER		Signature <i>James R. Copeland</i>	
State of Washington		NAME OF REGISTERED OWNER		NOTARY OR AGENT	
JAMES R COPELAND JR		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
MY COMMISSION EXPIRES September 18, 2003		Title <i>Notary</i>		AND: County/Office No. OR Dealer No. OR 9-13-07	
		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date	
<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 #					
SIGNATURE / POSITION					
DATE					
2-19-03					



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<b>6 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>Sue Robinson, Loan Coordinator</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <u>Oregon</u> County of <u>Coos</u>		Signed or attested before me on <u>2-11-03</u>	
		by <u>Washington Mutual Bank</u>		Signature <u>Larelle R. Heyl</u>	
		by <u>Sue Robinson</u>		Signature <u>Larelle R. Heyl</u>	
		by <u>Loan Coordinator</u>		Signature <u>Larelle R. Heyl</u>	
Title _____		DEALERSHIP POSITION/AGENT/NOTARY _____		AND: County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date <u>2-8-04</u>	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A tract of land in the North Half of the Southeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the Malfait Short Plat No. 4 recorded in Book 3 of Plats, Page 16, Skamania County Short Plat records. Excepting therefrom that portion conveyed to Skamania County by Deed recorded January 12, 1994 in Book 140, Page 823, Auditor File No. 118482.					
<b>8 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>9 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>Angela Moser</u>			COUNTY OFFICE/VEHICLE OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>1-14-04</u>		
<b>10 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> <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> <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.