

151719

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RETURN ADDRESS

STATE OF WASHINGTON
Department of 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 48.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER
	2004	Ramada	52 X 28	2091-0342-S 48

2 LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER
03-08-17-2-3-9406-60

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

LOT 6 BLOCK PLAT NAME Russell's Meadows

SECTION 17 T1S R1E

COUNTY NUMBER 30 NUMBER OF REGISTERED OWNERS 3 NUMBER OF LEGAL OWNERS 1

NAME OF REGISTERED OWNER Shelley Newman

NAME OF ADDITIONAL REGISTERED OWNER Steve P. Hamilton & Annette Hamilton

ADDRESS PO Box 876 CITY Carson STATE WA ZIP CODE 98610

NAME OF LEGAL OWNER Riverview Community Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS PO Box 1068 CITY Camas STATE WA ZIP CODE 98607

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 Shelley Newman

Signature of Additional Registered Owner and Title, IF APPLICABLE Steve P. Hamilton & Annette Hamilton

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania Signed or attested before me on 10/27/03

by Shelley Newman Signature Julie A. Andersen
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Steve P. & Annette Hamilton Signature Julie A. Andersen
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. CR 7-17-2006
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.

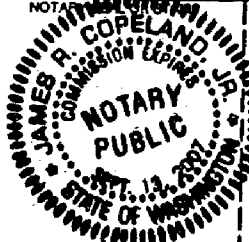
5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that: ☐ 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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #
Marlon Morat 509-427-9484 225-03

SIGNATURE / POSITION DATE
Marlon Morat, Building Inspector 1-12-04

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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>[Signature]</i> JP					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of Washington		County of <u>Skamania</u>		Signed or attested before me on <u>1-13-04</u>	
PRINT NAME OF LEGAL OWNER _____		Signature <i>[Signature]</i>		NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER _____		PRINTED NAME OF NOTARY <u>James R. Copeland</u>		COUNTY/OFFICE NO. OR DEALER NO. OR NOTARY EXPIRATION DATE <u>9-11-07</u>	
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY _____		AND: _____	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
<p>Lot 6 of the Russell's Meadows Subdivision, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 102, in the County of Skamania, State of Washington.</p> <p>Together with an undivided 1/31 interest in the Pond know as Lots 2 & 3 of the Russell's Meadows Subdivision, recorded in Book 'B' of Plats, Page 102, in the County of Skamania, State of Washington.</p>					
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) <u>Angela Moser</u>			COUNTY OFFICE/FS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <i>[Signature]</i>			DATE <u>1-14-04</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.