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P Gary Talbot

Jan 26 9 22 AM '04

AMSER

J. MICH

RETURN ADDRESS

GARY TALBOT
C/O SUSAN K MILLER
CASCADE TITLE CO OF CLARK COUNTY
SR1 SE COLOMBIA SHORES BLVD. STE 500
VANCOUVER, WASH. 98166
PH. 360 695-1301

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 48.12.210)				☐ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☒ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH X WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
WA 012760	1990	GOLDEN WEST	64 X 36	CA9327	
2 LAND					
MANUFACTURED HOME WILL BE ☐ AFFIXED ☐ REMOVED			LEGAL DESCRIPTION ON PAGE 2		
LOT	BLOCK	PLAT NAME	REAL PROPERTY TAX PARCEL NUMBER		
1		WEST FORK ESTATES	02-05-20-0-0-0213-00		
3 GRANTOR(S) REGISTERED LEGAL OWNER(S)			ADDITIONAL NAMES ON PAGE		
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	ONE		ONE		
NAME OF REGISTERED OWNER					
GARY GARDNER TALBOT					
NAME OF ADDITIONAL REGISTERED OWNER					
NONE					
ADDRESS		CITY	STATE	ZIP CODE	
1101 MATTHEWS RD.		WASHOUGAL	WA	98671	
NAME OF LEGAL OWNER					
NA					
NAME OF ADDITIONAL LEGAL OWNER					
NA					
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME					
STATE OF WASHINGTON DEPT 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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington CAROL A. LACKER My Appointment Expires Jan 15, 2008		County of Clark Signed or attested before me on 01-15-04 Signature CAROL A. LACKER PRINTED NAME OF NOTARY CAROL A. LACKER County Office No. OR Dealer No. OR Notary Expiration Date 01-15-06			
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			
SUSAN K MILLER - CASCADE TITLE CO.		360-695-1301			
SIGNATURE / POSITION		DATE			
Susan K Miller, Escrow Officer		1/15/2004			
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 #	
SIGNATURE / POSITION		DATE			

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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 _____					
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 _____ on _____ County of _____ by _____ Signature _____ NOTARY OR AGENT PRINT NAME OF LEGAL OWNER by _____ Signature _____ PRINT NAME OF LEGAL OWNER Title _____ AND: County Office No. OR DEALER'S POSITION/IDENTITY 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 1 of West Fork Estates Phase III, recorded under Auditor's File No. 90585, in Book 2 of Short Plats, at page 161, records of Skamania County, 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			
☐ 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/AGENT OPERATOR NUMBER			
Signature _____		DATE _____ COUNTY OFFICE/AGENT SIGNATURE _____ (PRINT NAME)			
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX (SEE INSTRUCTIONS)	SUBAGENTS FEE
					TOTAL FEES & TAX
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. 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 TDD (360) 864-8885.