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RETURN ADDRESS

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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 48.12.210)				<input 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)	
6216945	2002	FLTWD	56 X 27	ORFL148284485H113	
<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 02-07-20-0-0-0220-00					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
6		Green Acres			
<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					
Kimberly A. Martin					
NAME OF ADDITIONAL REGISTERED OWNER					
Steve J. Martin					
ADDRESS					
PO Box 514					
CITY					
Stevenson					
STATE					
WA					
ZIP CODE					
98548					
NAME OF LEGAL OWNER					
UNION PLANTERS BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
4201 NE 66th Avenue #101					
CITY					
Vancouver					
STATE					
WA					
ZIP CODE					
98661					
<b>GRANTEE</b>					
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>Kimberly A. Martin</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Steve J. Martin</u>					
<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>					
State of Washington					
County of <u>Skagit</u>					
Signed or attested before me on <u>12-16-03</u>					
Signature <u>[Signature]</u>					
PRINT NAME OF REGISTERED OWNER					
by <u>James R. Copeland Jr.</u>					
PRINT NAME OF REGISTERED OWNER					
Title <u>Notary</u>					
DEALERSHIP POSITION (AGENT/NOTARY)					
AND: County/Office No. OR <u>4-11-07</u>					
Dealer No. OR					
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)					
DAVID NAIL					
BLDG PERMIT OFFICE/PHONE #					
427-8182					
BLDG PERMIT #					
SIGNATURE / POSITION					
David Nail Building Inspector					
DATE					
1/23/04					

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MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH / WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			X	
<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 <i>Theresa Giammatteo</i> <i>Theresa Giammatteo, Branch Manager</i>				
Signature of Additional Legal Owner and Title, IF APPLICABLE				
NOTARY SEAL OR STAMP		NOTARIZATION / CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE		
		State of Washington County of <i>Clark</i>		
		Signed or attested before me on <i>1/20/08</i>		
		Signature <i>Theresa Giammatteo</i> PRINT NAME OF LEGAL OWNER		
		Signature <i>Robin Snyder</i> NOTARY OR AGENT PRINTED NAME OF NOTARY <i>ROBIN SNYDER</i>		
Title <i>Notary Public</i> DEALERSHIP POSITION / AGENT / NOTARY		AND: County / Office No. OR Dealer No. OR Notary Expiration Date <i>5/15/08</i>		
<b>7 LAND DESCRIPTION</b> (A legal description of the land can be obtained from the local County Assessor's Office)				
Lot 6 of the Green Acres Subdivision, according to the recorded plat thereof, recorded in Book 'B' of Plats, Page 82, in the County of Skamania, State of Washington.				
<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)		VIA 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:</b> (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 / VEHICLE OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>		DATE <i>1/20/08</i>		
<b>10 TITLE FEES</b>				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				TOTAL FEES & TAX
<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.				
<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.				
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.