

RETURN ADDRESS

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Entertain	52 X 28	WAFL331A18196-CY13	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				LEGAL DESCRIPTION ON PAGE 2	
				REAL PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-1422-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
5		Jimmy V. Acres			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Daryl J. Allen					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 785		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
RBC Mortgage					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
9020 SW Washington Square		Tigard	OR	97223	
<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>Daryl J. Allen</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington Oregon County of Lincoln					
Signed or attested before me on 2-24-04					
PRINT NAME OF REGISTERED OWNER					
Daryl J. Allen					
Signature					
Theresa D. Aylward					
NOTARY OR AGENT					
PRINTED NAME OF REGISTERED OWNER					
Notary					
PRINTED NAME OF NOTARY					
Theresa D. Aylward					
County/Office No. OR					
AND: Dealer No. OR					
Notary Expiration Date May 16 2004					
<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 #	
Marlon Morat		509-422-9484		071-03	
SIGNATURE / POSITION		DATE			
Marlon Morat Building Inspector		3-31-04			

## MANUFACTURED HOME - FROM SECTION 1

TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2003	Entertainment	52X28	WAFL331A18196-CY13

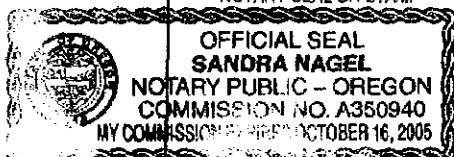
## 6 SIGNATURE OF LEGAL OWNER

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 ~~Oregon~~ Washington Signed or attested before me on 4/7/01  
County of Washington  
by Venessa M. Bowdle Signature Sandra Nagel  
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT  
by SANDRA NAGEL  
PRINT NAME OF NOTARY  
County/Office No. OR  
Dealer No. OR  
Title AND: Notary Expiration Date 10-16-2005  
DEALERSHIP POSITION/AGENT/NOTARY

## 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 5 of the JIMMY V. ACRES, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 116, 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
<u>Angela Moser</u>	<u>30-01-08</u>
SIGNATURE	DATE
<u>Angela Moser</u>	<u>4-9-04</u>

## 10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					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 TTY (360) 664-8895.