

Doc # 2004152872

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Date: 05/06/2004 03:44P

Filed by: SKAMANIA COUNTY TITLE

Filed & Recorded in Official Records

of SKAMANIA COUNTY

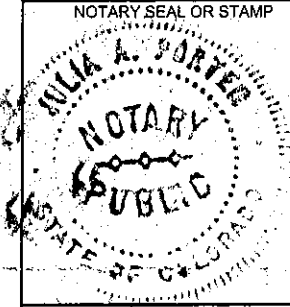
J. MICHAEL GARVISON

AUDITOR

Fee: \$20.00

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing		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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	Marl	58 X 28'8	H-021414 A/B	
2 LAND LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 03-08-21-3-0-0101-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION S21, T3N, R8E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Judith C. Atwell					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 104		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Union Federal Bank of Indianapolis					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
44 Union Blvd., Ste 200		Lakewood	CO	80228	
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 <u>Judith C. Atwell</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		County of <u>Skamania</u>		Signed or attested before me on <u>4-27-04</u>	
by		Signature		NOTARY OR AGENT	
PRINT NAME OF REGISTERED OWNER		<u>James R. Copeland</u>			
by		PRINTED NAME OF NOTARY			
PRINT NAME OF REGISTERED OWNER		<u>James R. Copeland</u>			
Title		AND:		County/Office No. OR	
<u>Notary</u>				Dealer No. OR	
DEALERSHIP POSITION/AGENT/NOTARY				Notary Expiration Date	
				<u>9-15-07</u>	
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: <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 #	
<u>Mardon Morat</u>		<u>509-427-9484</u>		<u>15-04</u>	
SIGNATURE / POSITION				DATE	
<u>Mardon Morat</u>		<u>Building Inspector</u>		<u>5-5-04</u>	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET) <div style="text-align: center; font-size: 1.2em;">X</div>	VEHICLE IDENTIFICATION NUMBER (VIN)
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 <u>Colorado</u> Signed or attested before me on <u>4-20-04</u> County of <u>Jefferson</u> by <u>Paula Bayless</u> Signature <u>Julia A. Porter</u> <small>PRINT NAME OF LEGAL OWNER</small> <small>NOTARY OR AGENT</small> by <u>Paula Bayless</u> <small>PRINT NAME OF LEGAL OWNER</small> Title <u>Notary</u> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>8/21/2005</u> <small>DEALERSHIP POSITION/AGENT/NOTARY</small>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)				
A tract of land in the Northwest Quarter of the Southwest Quarter of Section 21, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the David Venes Short Plat, recorded in Book 3 of Short Plats, Page 154, Skamania County Records. A re-plat of Lot 1 of the Wayne Lanningham Short Plat, recorded in Book 1 of Short Plats, Page 74, Skamania County Records.				
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 information to proceed with the recording of this form.				
NAME (TYPED OR PRINTED) <u>Angela Moser</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>		DATE <u>4-15-04</u>		
10 TITLE FEES				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				SUBAGENT 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. <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> 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. </div> <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 TTY (360) 664-8885.