

RETURN ADDRESS



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 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER 26654	YEAR 1981	MAKE LIBER	LENGTH/WIDTH(FEET) 50 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 14L11355XU
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☐ AFFIXED ☒ REMOVED

REAL PROPERTY TAX PARCEL NUMBER
03-08-20-3-0-0202-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Michael E. Taylor

NAME OF ADDITIONAL REGISTERED OWNER
Kimberly D. Taylor

ADDRESS
P.O. Box 35

CITY
CARSON

STATE
WASH

ZIP CODE
98610

NAME OF LEGAL OWNER

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

CITY

STATE

ZIP CODE

GRANTEE

NAME
State Wa 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

State of Washington
County of Skamania

Signed or attested before me on June 14, 2004

by Michael E. Taylor
PRINT NAME OF REGISTERED OWNER

Signature Angel Mosa
NOTARY OR AGENT

by Kimberly D. Taylor
PRINT NAME OF REGISTERED OWNER

Printed Name of Notary
AND: County/Office No. OR 30-01-08
Dealer No. OR
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) Jim Gale	TITLE COMPANY / PHONE NUMBER SKAMANIA Title 509-427-5681
SIGNATURE / POSITION Jim Gale	DATE 6-1-04

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	

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 _____ County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: Notary Expiration Date _____

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

See Attached Exhibit A

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) Angela Moser	COUNTY OFFICE/VFS OPERATOR NUMBER 30-0108
SIGNATURE Angela Moser	DATE 6-11-04

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 TDD (360) 664-8885.

EXHIBIT 'A'
LEGAL DESCRIPTION

That portion of the West Half of the Southwest Quarter of the Southwest Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, lying Southerly of the center of Carson Creek.

EXCEPTING THEREFROM that portion conveyed to David Nail et ux, by deed recorded February 17, 1989 in Book 113, Page 26, Auditor File No. 106582, Skamania County Deed Records.

ALSO EXCEPTING THEREFROM that portion in the Right of Way of Carson Creek County road, as dedicated on the Alan Bailey Short Plat, recorded in Book 2, Page 86, Skamania County Short Plat Records.

ALSO EXCEPT that portion conveyed to Skamania County by instrument recorded in Book 149, Page 853.