


RETURN ADDRESS

Doc # 2004153451  
 Page 1 of 2  
 Date: 06/23/2004 10:41A  
 Filed by: SKAMANIA COUNTY TITLE  
 Filed & Recorded in Official Records  
 of SKAMANIA COUNTY  
 J. MICHAEL GARVISON  
 AUDITOR  
 Fee: \$20.00

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 46.12.210)		<input checked="" 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)	
	2003	MILL	70 X 28	118-29371-AB	
<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	
				02-07-20-0-0-0228-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
7		Amber Oaks			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Donald J. Howard					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Elizabeth J. Howard					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 208		North Bonneville	WA	98639	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
American Brokers Conduit					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
4004 Kruse Way Place #17		Lake Oswego,	OR	97035	
<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 <i>Donald J. Howard</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Elizabeth J. Howard</i>					
NOTARY SEAL / STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
JULIE A. ANDERSEN COMMISSION EXPIRES NOTARY PUBLIC JULY 17, 2006 STATE OF WASHINGTON		State of Washington County of <i>Skamania</i> Signed or attested before me on <i>May 27, 2004</i>			
		by <i>Donald J. Howard</i> Signature <i>Julie A. Andersen</i> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by <i>Elizabeth J. Howard</i> <i>Julie A. Andersen</i> PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY			
		Title <i>Notary</i> AND: County/Office No. OR Dealer No. OR <i>7-17-2006</i> 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 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 #	
<i>DAVID NAIL</i>		<i>509-427-8182</i>			
SIGNATURE / POSITION				DATE	
<i>David Nail</i>				<i>6/9/04</i>	

<b>MANUFACTURED HOME - FROM SECTION 1</b>					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Mill	70 X 28	118-29371-AB	
<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>Shannon Keller</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
 <b>OFFICIAL SEAL P DONAIS</b> NOTARY PUBLIC-OREGON COMMISSION NO. 375423 MY COMMISSION EXPIRES DEC. 9, 2007		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of <del>Washington</del> <b>Oregon</b> County of <b>Clackamas</b> Signed or attested before me on <b>6/1/04</b> by <b>Shannon KELLER</b> Signature <i>P. Donais</i> <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> by <b>American Brokers Conduct P. Donais</b> <small>PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY</small> Title <b>Notary</b> AND: County/Office No. OR <b>12/9/07</b> <small>DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date</small>			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 7 of Amber Oaks, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 117, 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)			WA 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: (Not for use by Subagents)</b>					
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) <b>Angela Maser</b>			COUNTY OFFICE/VFS OPERATOR NUMBER <b>30-0108</b>		
SIGNATURE <i>Angela Maser</i>			DATE <b>10-23-04</b>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					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.					
<div style="border: 1px solid black; padding: 5px;"> <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.       </div>					
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.