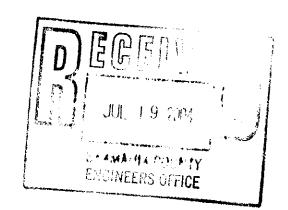
RETURN ADDRESS

Doc # 2004153860
Page 1 of 2
Date: 07/27/2004 02:33P
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 LICENSING Anyone who knowingly makes a		MANUF Al	EASE CHECK ONE IMINATION ER IN LOCATION IL FROM REAL PROPERTY				
Anyone who knowing of a felony, and upor	ly makes a t conviction	false statemer may be punis	nt of a material fact is gui shed by a fine, imprisonm	ent, or both. (RCW	46.12.210)		
MANUFACTURED	HOME						
PO / PLATE NUMBER	YEAR .	MAKE	LENGTH/WIDTH(FEET) VEI	HICLE IDENTIFICATION NU	IMBER (VIN)		
	2004	Berk		ORFL448A29974-B913			
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			OR SECTION/TOWNSHIP/RANGE		RTER/QUARTER SECTION		
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3 GRANTOR(S) RE	SISTERED/L	EGAL OWNE	R(S) ADDITIO	NAL NAMES ON PA	GE		
COUNTY NUMBER	<u> </u>	NUMBE	R OF REGISTERED OWNERS		LEGAL OWNERS		
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NAME OF REGISTERED OWN	NER		AT	4	DOL CUSTOMER ACCOUNT NUMBER		
Angelique Ga			- F A				
NAME OF ADDITIONAL REGI	STERED OWNE	R	17/		DOL CUSTOMER ACCOUNT NUMBER		
-			CITY		STATE ZIP CODE		
DO Por 255			Lv1e	*	JA 98635		
PO Box 255			1910		DOL CUSTOMER ACCOUNT NUMBER		
National Cit	- Morta	200	m 7 7				
NACTORIAL CIT	L OWNER	age	11 11		DOL CUSTOMER ACCOUNT NUMBER		
			CITY		STATE ZIP CODE		
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4640 SW Macag	1am #50		POTLIANO		UK 772WL		
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	nature of Legal C						•	7	
_	Additional Legal C	wner and							
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	COMMISSION EXP	INDS APRIL	13, 2000				Tamie 1	[- P	nch
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USE	TAX EXEMPT	Sale to a C	ertified Trik	oal member	on the res	ervation (att	ach notarized s	tatement o	f delivery).
	AUDITOR/AGEN								
	e above applicatio ding of this form.	n appears	to have bee	n complete	d correctly,	and the app	licant has suffic	eient docum	entation to proceed
NAME (TYPED OF	PRINTED) M	190/				COUNTY	OFFICE/VFS OPE	RATOR NUMB	ER
SIGNATURE	1000 1	Mos.	u				<u> </u>	DATE	21-04
10 TITLE FE FILING FEE	APPLICATION)NI	MOBILE HO	NE FEE	Leuman		Tuesta		
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