

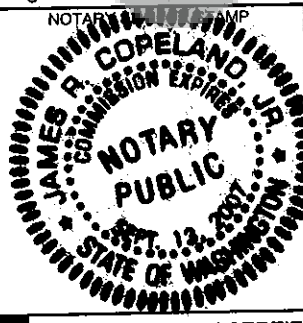

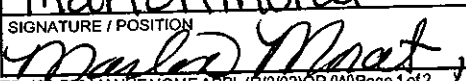


Doc # 2004154062
Page 1 of 2
Date: 08/13/2004 03:09P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

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)	
	2004	PH	13.6 X 70.8	PH20-6985 AB	
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 03-08-17-2-0-0190-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		S17, T3N, R8E			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		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			
Cory D. Scott					
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Elizabeth A. Scott					
ADDRESS	CITY	STATE	ZIP CODE		
PO Box 52	Carson,	WA	98610		
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
BankSource Mortgage					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS	CITY	STATE	ZIP CODE		
16479 Dallas Parkway #200	Addison	TX	75001		
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 					
Signature of Additional Registered Owner and Title, IF APPLICABLE 					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania		Signed or attested before me on 7-21-04	
		by Cory D. Scott		Signature 	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Elizabeth A. Scott		PRINTED NAME OF NOTARY James R. Copeland Jr.	
		PRINT NAME OF REGISTERED OWNER			
		Title Notary		AND: County/Office No. OR 9-13-07	
		DEALERSHIP POSITION/AGENT/NOTARY		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)		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 #	
Marlon Morat		509-427-9484		66-04	
SIGNATURE / POSITION				DATE	
		Building Inspector		8-11-04	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2004	PH	13.6X 70.8	PH20-6985 AB

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) SIGNATUREState of Washington
County of TR DallasSigned or attested
before me on 8/24/04by John Eickhoff
PRINT NAME OF LEGAL OWNERSignature Katherine Witt

NOTARY OR AGENT

by Bsm Financial, L.P.
PRINT NAME OF LEGAL OWNER**Katherine Witt**

PRINTED NAME OF NOTARY

County/Office No. OR

Dealer No. OR

Notary Expiration Date

Title Katherine Witt
DEALERSHIP POSITION/AGENT/NOTARY

AND:

4/1/07**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 Northwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Alway Short Plat recorded in Auditor File No. 2004-152042, 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

☐ **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

SIGNATURE

8-13-04**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

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) 664-8885.