


Doc # 2004154432
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Date: 09/13/2004 10:53A
Filed by: PAUL & SARA KITCHEN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

RETURN ADDRESS

Paul + Sara Kitchen
141 Stephanie Lane
Washougal, WA 98671

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input checked="" 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					
TPQ / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$79904	1978	Goldcrest X	14x66	00524	
2 LAND LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				02-05-30-00-1109	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
4		Amended Johnson S.P.			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		8		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Paul T. Kitchen					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Sara A. Kitchen					
ADDRESS		CITY	STATE	ZIP CODE	
141 Stephanie Ln		Washougal	WA	98671	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
NA					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME State of 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 <i>Paul Kitchen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Sara A. Kitchen</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		SIGNED OR ATTESTED			
State of Washington		before me on June 22, 04			
County of Clark		Signature <i>Kristi Cuffel</i>			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
Paul T. Kitchen		Kristi Cuffel			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Sara A. Kitchen		County/Office No. OR			
Title Branch Manager		Dealer No. OR			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date Jan. 1, 2006			
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			
Jim Geland		SKAMANIA County Title 504-427-5881			
SIGNATURE / POSITION		DATE			
<i>Jim Geland President</i>		7-7-04			
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: <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 #	
SIGNATURE / POSITION		DATE			

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$79904	1978	Gldwst	66x14	00524	
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 <u>Sara Kutcher</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Paul T. Kitchen</u>					
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
	State of Washington		Signed or attested before me on <u>June 22, 04</u>		
	County of <u>Clark</u>				
	by <u>Paul T. Kitchen</u>		Signature <u>Kristi Coffel</u>		
	PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT		
by <u>Sara A. Kutcher</u>		PRINTED NAME OF NOTARY <u>Kristi Coffel</u>			
PRINT NAME OF LEGAL OWNER		COUNTY/OFFICE No. OR			
Title <u>Branch Manager</u>		Dealer No. OR <u>Jan 1, 2006</u>			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Please see attached Exhibit A. Page 3					
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 documentation to proceed with the recording of this form.					
NAME (TYPED OR PRINTED)		COUNTY OFFICE/VFS OPERATOR NUMBER			
<u>Angela Moser</u>		<u>30-01-08</u>			
SIGNATURE				DATE	
<u>Angela Moser</u>				<u>9-13-04</u>	
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 TTY (360) 664-8885.

EXHIBIT A

A tract of land in the Southeast Quarter of the Northwest Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the Amended Johnson Short Plat, recorded in Book 3 of Short Plats, page 225, Skamania County Records.

TOGETHER WITH a 20 foot easement for ingress, egress and utilities. The East line is described as follows:

BEGINNING at the Southeast corner of Lot 3 of said Short Plat; thence North 265.03 feet to the terminus of said easement.

ALSO TOGETHER with an easement for ingress, egress and utilities over Stephanie Lane, a private road as shown on the face of the Short Plat.

ALSO TOGETHER WITH an easement for ingress, egress and utilities over, under and across a 60 foot easement, the centerline described as the North-South centerline of the West half of the Northeast Quarter, of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, and extends North to the County Road.