RETURN ADDRESS

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LEGAL ESCROW	
1457 SOUTH UNION	
TACOMA, WA 98405	

Doc # 2004154791
Page 1 of 2
Date: 10/14/2004 02:33P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Foo: 420 00 Fee: \$20.00

TACOMA, WA	98405				_		
RE: RODEWALD						.,,,	
STATE OF WASHINGTO Department of LICENSI	<u>ng</u>		AP	CTURED PLICATION	1	TITLE ELIMI	ASE CHECK ONE INATION IN LOCATION FROM REAL PROPERTY
of a felony, and upon	conviction	may be	punishe	ed by a fine, impri	sonment, c	r both. (RCW 46.	12.210)
1 MANUFACTURED	YEAR	MAKE		LENGTH/WIDTH(FEET) VEHICLE I	DENTIFICATION NUMBE	ER (VIN)
	2004	CHA	MP	60 X 28		29634=AB	
2 LAND				LEG		IPTION ON PAGE	
MANUFACTURED HO	ME WILL BE	TV	AFFIXED	REMOVED		052500080	
LOT BLO	СК	PL	T NAME OF	TZN R	5E	NE	POPULATER SECTION /
3 GRANTOR(S) REG	SISTERED/LI	GAL	OWNER(S) ADI OF REGISTERED OWNER		NAMES ON PAGE	
COUNTY NUMBER			NUMBERO	2			
NAME OF REGISTERED OWN	ER			- 40		_	OL CUSTOMER ACCOUNT NUMBER
VIVIEN A. ADI							DKINVA568DU DLCUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGIS DAVID P. ADK	INS			220			DKINDP292Q5
ADDRESS 1372 KELLETT	ROAD			WASHOU	GAL	WA	
NAME OF LEGAL OWNER				7	77.	DO	OL CUSTOMER ACCOUNT NUMBER
LONG BEACH M						D	OL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL	LOWINER			7 7	-		
ADDRESS	***************************************			CITY		STA	
4160 DUBLIN	BLVD STI	E 400	0	DUBLIN		CA_	98671
GRANTEE NAME	1 1		0 /				
I DO SOLEMNLY ATTI	ST UNDER	PÉNA N IS A	LTY OF P	PERJURY THAT I	WE AM/AI	RE THE REGISTE	RED OWNER(S) OF THIS
Signature of F	Registered O	wner a	nd Title, II	F APPLICABLE	Ja.	O P (75
Signature of Additional	Registered O				Secres	e w. we	ikers
NOTARY SEAL OR STANDARD NOT	Sta				ON FOR R	Signed or attes	
ARMAINE NO BLI	0.5		County of	PICICO		before me	011
TARY PUBLING TARY PUBLING TARY PUBLING TO THE OF WASHING TO THE OF THE O	Prise by	V/V PRINT N	AME OF RE	A. ADKI GISTERED OWNER	<u> کلن</u>	Signature NOTARY O	RAGENT
TARY POPULOR OF THE OF WASHING!	by	DA L	AME OF RE	GISTERED OWNER	<u> </u>	CHARMAI.	NE NORTON
,	Title		JOTA	124 ION/AGENT/NOTARY		AND:	/Office No. OR OF
4 TITLE COMPANY	CERTIFICAT	ION					
l certify that the legal de	escription of	he lan	d and owr	nership is true and	correct per	the real property re	ecords.
NAME (TYPED OR PRINTED)				111	LE CUMPANT	/ PHONE NUMBER	
SIGNATURE / POSITION							DATE
				ithin 10 calendar c	ays of the	date Title Compa	ny Representative signs.
5 BUILDING PERMIT					uaal ====	the op d	
certify that:	a building pe	tured h rmit ha	as been is	been affixed to the sued for this purpo	se and the	attachment will be	inspected upon completion.
NAME (TYPED OR PRINTED)	More	et	5	09-407-	9484		143-03 DATE
SIGNATURE) POSITION) //// L (R/2/02)OR (W)	et.	- B	uideng-	TASP	ection	10-14-04

	MANUFACTURED HOME - FROM SECTION 1										
	TPO/PLATE NUMBER	YEAR 2004	CHAMP	LENGTHWIDTH(FEET)	VEHICLE IDENTIF	129634-	AB				
	6 SIGNATURE OF LEGAL CWNER SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPE										
	Signature of Legal Owner and Title, IF APPLICABLE										
	Signature of Additional		er and Title, IF APP	LICABLE			MATURE				
	NOTARY SEAL OR ST	,	State of Washington State of County								
	COURDES D. GALANC Commission # 132479 lotary Public - Californ Contra Costa County Comm. Expires Oct 12.	4 de la	PRINT NAME OF LEG	SORO OWNER	Signat	NOTARY OR AGENT	Halmy				
			PRINT NAME OF LEC	42		D NAME OF NOTARY County/Office No ND: Dealer No	o, OR				
				ON/AGEN (NOTARY)		Notary Expiration	/ / -				
	7 LAND DESCRIPT	ION (A leg	al description of	the land can be o	btained from t	he local County As	sessor's Office				
	THAT PORTION OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 25, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, LYING SOUTHERLY OF THE 300 FOOT STRIP OF LAND ACQUIRED BY THE UNITED STATES OF AMERICA FOR THE BONNEVILLE POWER ADMINISTRATION'S BONNEVILLE-VANCOUVER NO. 1 AND NO. 2 TRANSMISSION LINES. TOGETHER WITH AN EASEMENT FOR ACCESS RECORDED IN BK 82,PG 512										
	DEALER'S REPO	RT OF SAL	.E								
	I CERTIFY THAT T	HIS INFOR	MATION IS CORRE	CT. THE VEHICLE ECTED.			XCEPT AS SHOWN.				
4	DEALER NAME (TYPED OR AMPLICA PURCHASE PRICE	PRINTED)	1hore	DEALER'S AUT KORIZE	WA DEALER		-25-03				
	USE TAX E	KEMPT Sa	le to a Certified Trib	al member on the r	servation (attac	h notarized statemen	t of delivery).				
	9 COUNTY AUDITO	R/AGENT	ICENSING OFFIC	E APPROVAL: (N	ot for use by Si	ubagents)					
	I certify that the above with the recording of the		ppears to have bee	n completed correct	y, and the applic	ant has sufficient doc	umentation to proceed				
	NAME (TYPED OR PRINTED	Nose	*		COUNTY OF	O~O(+O8	M8ER				
	SIGNATURE	Mo	Ser			DATE 1	5-14-04				
	10 TITLE FEBS	APPLICATION	MOBILE H	OME FEE ELIMINA	ATION FEE	USE TAX	SUBAGENT FEES				
	MPORTANT: 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 cal (360) 902-3600 or TTY (360) 664-8885.