

Doc # 2004154899  
Page 1 of 2  
Date: 10/22/2004 09:51A  
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

☒ TITLE ELIMINATION  
☐ TRANSFER IN LOCATION  
☐ 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  
+316085

YEAR  
2004

MAKE  
Palmh

LENGTH/WIDTH(FEET)  
27 X 60

VEHICLE IDENTIFICATION NUMBER (VIN)  
PH206991

2 LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
03-75-36-3-2-1700-00

LOT  
33

BLOCK

PLAT NAME OR SECTION/TOWNSHIP/RANGE  
Hilltop Manor

QUARTER/QUARTER SECTION

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER  
30

NUMBER OF REGISTERED OWNERS  
2

NUMBER OF LEGAL OWNERS  
1

NAME OF REGISTERED OWNER  
Joel B. Wilcox

DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER  
Hazel I. Wilcox

DOL CUSTOMER ACCOUNT NUMBER

ADDRESS  
PO Box 52

CITY  
Stevenson

STATE  
WA

ZIP CODE  
98648

NAME OF LEGAL OWNER  
Eagle Home Mortgage

DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER

DOL CUSTOMER ACCOUNT NUMBER

ADDRESS  
7320 SW Hunziker Road #200

CITY  
Tigard

STATE  
OR

ZIP CODE  
97223

GRANTEE

NAME  
DEPARTMENT OF LICENSING

NOTARY STAMP  
JAMES R. COPELAND  
NOTARY PUBLIC  
COMMISSION EXPIRES  
JULY 13, 2007  
STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington  
County of Skamania

Signed or attested before me on August 26, 2004

by Joel B. Wilcox  
PRINT NAME OF REGISTERED OWNER

Signature [Signature]

NOTARY OR AGENT

by Hazel I. Wilcox  
PRINT NAME OF REGISTERED OWNER

James R. Copeland Jr.  
PRINTED NAME OF NOTARY

Title Notary

AND: County/Office No. OR  
Dealer No. OR  
Notary Expiration Date 9-17-07

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:  
☐ the manufactured home has been affixed to the real property as described.  
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)  
DAVID NAIL

BLOG PERMIT OFFICE/PHONE #

BLDG PERMIT #

SIGNATURE / POSITION  
David Nail

DATE  
10/20/04

TD-420-729 MANUF HOME APPL (R/2/02)OR (W)Page 1 of 2

## MANUFACTURED HOME - FROM SECTION 1

TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
316085	04	PALMH	60X27	PH206991

## 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

Paul A. Lattin SUP

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

## NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington  
County of WashingtonSigned or attested  
before me on 9-9-04OFFICIAL SEAL  
DONALD MAC KAY  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 358000  
MY COMMISSION EXPIRES MARCH 24, 2008PRINT NAME OF LEGAL OWNER  
Paul A. Lattin

Signature

NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR  
Notary Expiration Date

## 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

All of Lots 33, 34 and 35 of Hilltop Manor, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 110, in the County of Skamania, State of Washington.

Except that Westerly 15 feet of Lot 33.

## 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

DATE

## 10 TITLE FEES

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

TOTAL FEES &amp; 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.