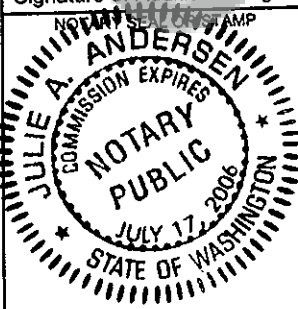


Doc # 2004154967  
Page 1 of 3  
Date: 10/27/2004 11:11A  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$21.00

RETURN ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
@55322	1975	Pacfa	64 X 14	25KGDS1424U	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 03-08-29-0-0-000000		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				S29 T3N L4 R8E	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE 3					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		009		
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
William J. Wilkinson			03-08-29-0-0-000000		
NAME OF ADDITIONAL REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
Margorie E. Wilkinson					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 775		Camas	WA	98610	
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1068		Camas	WA	98607	
<b>GRANTEE</b>					
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 <u>William J. Wilkinson</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Margorie E. Wilkinson</u>					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>10/15/04</u>	
by <u>William J. Wilkinson</u>		Signature <u>Julie A. Andersen</u>		NOTARY OR AGENT	
by <u>Margorie E. Wilkinson</u>		Signature <u>Julie A. Andersen</u>		NOTARY OR AGENT	
Title <u>Notary</u>		PRINTED NAME OF NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY				7-17-2006	
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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 #	
<u>Norton Morat</u>		<u>509-422-9484</u>			
SIGNATURE / POSITION		DATE			
<u>Norton Morat Building Inspector</u>		<u>10-26-04</u>			

## MANUFACTURED HOME - FROM SECTION 1

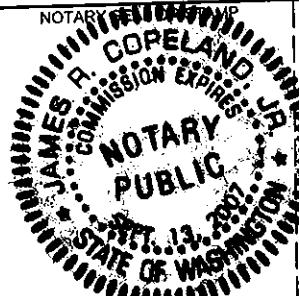
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
C55322	1975	PACFA	64X14	25KGDS14240

## 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

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of Skamania	Signed or attested before me on October 26, 2004
	by Kathy McKenzie PRINT NAME OF LEGAL OWNER	Signature [Signature] NOTARY OR AGENT
	by [Signature] PRINT NAME OF LEGAL OWNER	James R. Copeland JR PRINTED NAME OF NOTARY
	Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR 9-17-07 Notary Expiration Date

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

## 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
Angela Moser	30-01-08
SIGNATURE	DATE
[Signature]	10-27-04

## 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 Southwest Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast Corner of the Southwest Quarter of the Northeast Quarter of said Section 29; thence South  $00^{\circ}57'38''$  West 135.62 feet; thence North  $80^{\circ}48'37''$  West 27.43 feet to an iron rod on the Westerly right of way line of Wind River Road and the true point of beginning; thence North  $80^{\circ}48'37''$  West 165.05 feet; thence North  $00^{\circ}57'38''$  East 77.27 feet to the Southerly line of the 300 foot strip of land acquired by the United States of America by instrument recorded in Book 27, Page 315; thence North  $89^{\circ}24'42''$  East along said South line 313.25 feet, more or less, to the East line of the Southwest Quarter of the Northeast Quarter of said Section 29; thence South  $00^{\circ}57'38''$  West 40.14 feet, more or less, to the Westerly line of Wind River Road; thence Southwesterly along the West line of Wind River Road to the true point of beginning.