

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing		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	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
033775	1992	SKY LN	28 X 66	06910410EAB	
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 03-09-15-0-0-0901-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE S15, T3N, R9E		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER Jeanna M. Roberts					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE 252 wingfield Dr COOK WA 98605					
NAME OF LEGAL OWNER Columbia River Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE PO Box 980 Hood River OR 97031					
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 Jeanna M. Roberts					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP JULIE A. ANDERSEN COMMISSION EXPIRES NOTARY PUBLIC JULY 17, 2006 STATE OF WASHINGTON		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Skamania Signed or attested before me on 8/26/03 by Jeanna M. Roberts Signature Julie A. Andersen PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by Julie A. Andersen PRINT NAME OF REGISTERED OWNER Title Notary AND: County/Office No. OR Dealer No. OR 7/17/2006 DEALERSHIP POSITION/AGENT/NOTARY 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			
SIGNATURE / POSITION		DATE			
Marlon Morat, Building Inspector		11-2-03			

Nov 18 26 PM '04

J. MICHAEL THOMPSON

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) SIGNATURE

State of OREG-on
County of Deschutes

Signed or attested before me on Aug 28, 2003

by

Signature Carol J. Tieben

NOTARY OR AGENT



OFFICIAL SEAL
CAROL J. TIEBEN

NOTARY PUBLIC FOR THE STATE OF OREGON
COMMISSION NO. 355185

MY COMMISSION EXPIRES APR 14, 2006

DEALERSHIP POSITION / AGENT / NOTARY

PRINTED NAME OF NOTARY

County/Office No. OR

Dealer No. OR

AND: Notary Expiration Date 9-14-06

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 Northeast Quarter of Section 15, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:
Lot 2 of the William T. Wilkins Short Plat, recorded in Book 3 of Short Plats, Page 153, 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

DATE

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 TDD (360) 664-8885.