

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input 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					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	Golden	66 X 27	GWOR23N25825	
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	
				02-05-27-0-0-0405-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
9		RIVER EDGE ACRES			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
TERESA H. WILLIAMS					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
GARY W. ESTES					
ADDRESS		CITY	STATE	ZIP CODE	
91 TASAMAMA RIDGE ROAD		WASHOUGAL	WA	98671	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
TOWN CENTER BANK				602295907	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
217 SE 136th Ave #105		VANCOUVER	WA	98684	
GRANTEE					
NAME					
TO THE PUBLIC 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>Teresa Williams</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Gary W. Estes</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on			
County of Clark					
by <i>Teresa H. Williams</i>		Signature <i>Denielle Daggett</i>			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by <i>Gary W. Estes</i>		PRINTED NAME OF NOTARY			
PRINT NAME OF REGISTERED OWNER		County/Office No. OR			
Title		AND: Dealer No. OR			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date 7/19/07			
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			
STEWART TITLE		360-254-7892			
SIGNATURE / POSITION		DATE			
<i>Carol Ann Fisher</i>		10/29/03			
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 checked="" 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		509427-9484		150-02	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat</i> Building Inspector		11-3-03			

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 Washington County of <u>CLARK</u>		Signed or attested before me on <u>10/29/03</u>	
		TOWN CENTER BANK		Signature	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		MARCIE M. WALSH		MARCIE M. WALSH	
PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY		County/Office No. OR Dealer No. OR <u>05/24/04</u>	
Title <u>NOTARY</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: Notary Expiration Date	

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's
Lot 9 of River Edge Acrews, according to the Plat thereof, recorded in Book "B" of Plats, page 96 in the county of Skamania, State of Washington

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) <u>Angela Moser</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>
SIGNATURE 	DATE <u>12-16-04</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.