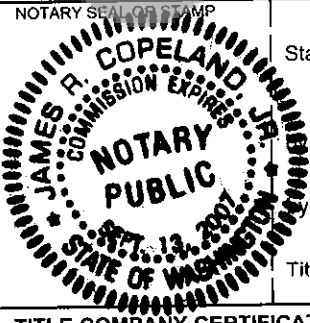


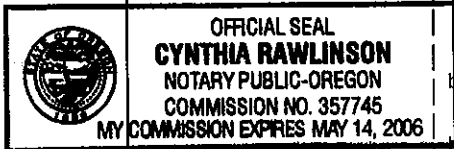
RETURN ADDRESS

Doc # 2004155724  
Page 1 of 2  
Date: 12/23/2004 11:46A  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$20.00

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2004	Marlette	56 X 26'8	H022798	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 03-08-28-2-2-0303-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION S28, T3N, R8E	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> 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	
Scott A. Branom					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Tammy A. Branom					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1042		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Wells Fargo Home Mortgage					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
10220 SW Greenburg #501		Portland	OR	97223	
<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 <i>Scott A. Branom</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Tammy A. Branom</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on April 14, 2004	
		County of Skamania			
		PRINT NAME OF REGISTERED OWNER		Signature <i>James R. Copeland</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		Title <i>Notary</i>		PRINTED NAME OF NOTARY	
DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR 9-17-07		Dealer No. OR	
		Notary Expiration Date			
<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 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		02-04	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat</i> Building Inspector		12-22-04			

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			X	

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 <u><i>Gayle Rynard</i></u>	
Signature of Additional Legal Owner and Title, IF APPLICABLE _____	



NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of <del>Washington</del> <u>OREGON</u>	Signed or attested before me on <u>05/13/04</u>
	County of <u>WASHINGTON</u>	
	by <u>GAYLE RYNARD</u>	Signature <u><i>Cynthia Rawlinson</i></u>
	PRINT NAME OF LEGAL OWNER	NOTARY OR AGENT
	by _____	<u>CYNTHIA RAWLINSON</u>
	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
	Title _____	County/Office No. OR _____
	DEALERSHIP POSITION/AGENT/NOTARY	AND: Dealer No. OR <u>05/14/06</u>
		Notary Expiration Date

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 Northwest Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:	
Lot 2 of the Mathany's Short Plat NO. One, recorded in Book 3 of Short Plats, Page 254, 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
<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/VEHICLE OPERATOR NUMBER
<u>Angela Moser</u>	<u>30-01-018</u>
SIGNATURE	DATE
<u><i>Angela Moser</i></u>	<u>05/13/04</u>

10	TITLE FEES
FILING FEE	APPLICATION
MOBILE HOME FEE	ELIMINATION FEE
USE TAX	SUBAGENTS 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.