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Date: 01/05/2005 03:53P
Filed by: AMERITITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

RETURN ADDRESS

ROBERT AND MALINDA OLSEN
PO BOX 511
CARSON WA 98610

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)	
X234708	1996	GOLWE	3U X	N16314	
2 LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				03-08-17-3-0-1900-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		17-3-8		SW 4	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
3000	2		2		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ROBERT OLSEN					
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
MALINDA OLSEN					
ADDRESS	CITY	STATE	ZIP CODE		
PO BOX 511	CARSON	WA	98610		
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
JAMES H. LAFOLLETTE					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ANNA SUE LAFOLLETTE					
ADDRESS	CITY	STATE	ZIP CODE		
782 LITTLE ROCK CREEK ROAD	COOK	WA	98605		
GRANTEE					
NAME					
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>Robert Olsen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Malinda Olsen</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on 6/11/04			
County of Kuckutat					
by <i>Robert Olsen</i>		Signature <i>Wendy Holtmann</i>			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by <i>Malinda Olsen</i>		WENDY HOLTMMANN			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title <i>Notary</i>		County/Office No. OR			
DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR 11/19/06			
		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		509-422-9484		67-04	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat</i> Building Inspector		1-5-05			

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

James H. LaFollette
Anna Sue LaFollette



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of *Klickitat*

Signed or attested
before me on *6/11/04*

by *James H. LaFollette*
PRINT NAME OF LEGAL OWNER

Signature *Wendy Holtmann*
NOTARY OR AGENT
WENDY HOLTMANN

by *Anna Sue LaFollette*
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY
County/Office No. OR
Dealer No. OR *11/19/06*
AND: Notary Expiration Date

Title *Notary*
DEALERSHIP POSITION/AGENT/NOTARY

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

FOR COMPLETE LEGAL DESCRIPTION, SEE ATTACHED

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 TTY (360) 664-8885.



MANUFACTURED HOME APPLICATION
ADDITIONAL ATTACHMENT

Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

LAND: PROPERTY TAX PARCEL NUMBER:

03-08-17-3-0-1900-00

LEGAL DESCRIPTION:

A tract of land situated in the Southeast Quarter of the Southwest Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in Skamania County, State of Washington, described as:

The North 225 feet of the following described parcel:

Beginning at a point on the East line of said Southeast Quarter of the Southwest Quarter of the Southwest Quarter at a distance of 308 feet North from the South line of said Section 17; thence West 204 feet; thence North 351.5 feet to the North line of said Southeast Quarter of the Southwest Quarter of the Southwest Quarter; thence East 204 feet to the Northeast corner thereof; thence South 351.5 feet to the point of beginning; EXCEPTING THEREFROM that portion conveyed to Skamania County by deed recorded September 21, 1916 in Book 'Q' at Page 16, records of said county;

SUBJECT TO easement for water pipeline and rights of way for Public Road;
ALSO SUBJECT TO a non-exclusive easement for access and utility purposes over, under and across the East 20 feet thereof.