

Doc # 2005156149  
Page 1 of 2  
Date: 02/04/2005 02:51P  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$20.00

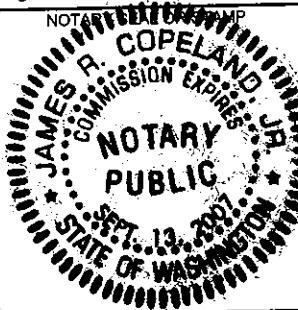
RETURN ADDRESS

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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)	
&097603	1997	IDEAL	57 X 41	GDSTOR099718873	
<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	
				03-09-10-0-0-1000-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				S 1/4 IN 50 R 9E	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE 2					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
70	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Stanley G. Eccles					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Janet L. Eccles					
ADDRESS		CITY	STATE	ZIP CODE	
42 Little Rock Creek Rd		Oingen	WA	98605	
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania Signed or attested before me on February 4, 2004 Signature of Notary or Agent James R. Copeland PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR AND: Notary Expiration Date 9.13.07			
PRINT NAME OF REGISTERED OWNER					
PRINT NAME OF REGISTERED OWNER					
Title		Notary			
DEALERSHIP POSITION/AGENT/NOTARY					
<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			
SIGNATURE / POSITION				DATE	
Marlon Morat, Building Inspector				8-31-04	

Feb 4 2 51 PM '04

J. MICHAEL

<b>MANUFACTURED HOME - FROM SECTION 1</b>				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET) <b>X</b>	VEHICLE IDENTIFICATION NUMBER (VIN)
<b>6 SIGNATURE OF LEGAL OWNER</b>				
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY.				
Signature of Legal Owner and Title, IF APPLICABLE <i>[Signature]</i>				
Signature of Additional Legal Owner and Title, IF APPLICABLE				
		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>		
		State of Washington County of <i>Skamania</i>	Signed or attested before me on <i>2-2-05</i>	
		by <i>Kathy McKenzie</i> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT	
		by PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <i>James R. Copeland Jr</i>	
Title <i>Notary</i> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <i>9-13-07</i>		
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>				
A tract of land in Section 10, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:  Lot 1 of the La Follette Short Plat, recorded in Book 3 of Short Plats, Page 366, Skamania County Records.				
<b>8 DEALER'S REPORT OF SALE</b>				
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).				
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>				
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) <i>Angela Moser</i>		COUNTY OFFICE/VEHICLE OPERATOR NUMBER <i>30-0100-11111111</i>		
SIGNATURE <i>[Signature]</i>		DATE <i>2/2/05</i>		
<b>10 TITLE FEES</b>				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				SUBAGENTS FEES
				TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.				
<b>APPLICANTS:</b> 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.