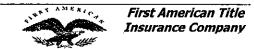
AFTER RECORDING MAIL TO:

First American Title Company 16701 SE McGillivray Blvd, Ste #100 Vancouver, WA. 98683

Doc # 2005156155
Page 1 of 2
Date: 02/04/2005 03:31P
Filed by: FIRST AMERICAN TITLE COMPANY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR

AUDITOR Fee: \$20.00

Filed for Record at Request of: 420672ST/ Fishers Landing Branch



		MANIIE	ACTURED HO	MF	PLEASE CHECK ONE			
SEATE OF WASHINGTON Hymheni y								
"licensing		APPLICATION						
				닏	TRANSFER IN LOCATION			
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 MANUFACTUR	ED HOME							
TPO/PLATE NUMBER YEAR MAI 8.153920 1998 FI				IICLE IDENTIFICAT RFLV48A2480	TIFICATION NUMBER (VIN) A24864LP13			
2 LAND LEGAL DESCRIPTION ON PAGE 2								
MANUFACTURED HOME WILL BE X AFFIXED REMOVED 02-05-15-1-0-0500-00								
	SLOCK	X AFFIX	ED KEMOVED	02-03-1	SECTION/TOWNSHIP/RANGE			
5			Hills River Estates		11			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE								
COUNTY NUMBER Skamania		NUMBER (OF REGISTERED OWNERS		JMBER OF LEGAL OWNERS			
NAME OF REGISTERED OWNER								
Daryl Bernard NAME OF ADDITIONAL REGISTERED OWNER								
Elaine Bernard	JISTERED OFFICE							
ADDRESS CITY STATE ZIP CODE 16061 Washougal River Road, Washougal, WA. 98671								
NAME OF LEGAL OWNER				4				
NAME OF ADDITIONAL LEG	AL OWNER							
ADDRESS	1	. 1	CITY		STATE ZIP CODE			
GRANTEE	-							
NAME " THE PUBLIC"		-			, ,			
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS								
VEHICLE AND THIS				211	\rightarrow			
	-		Fitle, IF APPLICABLE	1/2/5				
			Title, IF APPLICABLE	and L	mare			
NOTARY SEAL OR ST		NOTARIZ te of Washington	ATION/CERTIFICATION		RED OWNER(S) SIGNATURE			
KACEY L. S	SOUKI! 🕍	County of	Clark.	_	perfore me an DM 18M 20	140		
NOTARY P	UBLIC 👢	Daryl Bernard		 Signati	ure KALUTK STULL			
STATE OF WAS		PRINT NAME OF RE	GISTERED OWNER		NOTARY OR IGENT	_		
My Commissio	n Expires! by_	Elaine Bernard			Kacey L-SOUKA			
DECEMBER 1	5 , 2005	PRINT NAME OF RE	GISTERED OWNER	PR	INTED NAME OF NOTARY County/Office No. OR			
	Title_			AND	Dealer No. OR 12/15/00	2		
			ION/AGENT/NOTARY		Notary Expiration Date			
	NY CERTIFICAT		is true and correct per the	real praparty re	cords			
NAME CTYPED OR PRINTED		iio ano ownersiii	ris title and correct per title		Y/PHONE NUMBER			
First An	<u> ۱۳۰٬۲۸ -</u>	T.+1e	Co. Stephe	tric	400256-171	בס		
SIGNATURE/POSITION	0 95	COURTS	Officer		128/05	5		
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.								
5 BUILDING PER	RMIT OFFICE C	RTIFICATION			·			
I certify that:			s been affixed to the real p	• •				
NAME (TYPED OR PRINTED)). A	permit has been	issued for this purpose and BLDG PERMIT OFFICE/PHONI		will be inspected upon completion. BLDG PERMIT #			
Marion SIGNATURE/POSITION	Morat	5	<u>09-427-948</u>	<u> </u>	186-05	}		
TO 420-725 MANUF HOME APPL (R/8/98)OR Page of Building Typepockov First American Title File No. 4282-16-1672 (SMT)								

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 Signed or attested							
County of before me on							
I by N/A Signature NOTARY C	DD AGENT						
by	A AGEITI						
PRINT NAME OF LEGAL OWNER PRINTED NAME OF N							
County/Office No							
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration							
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County As	sessor's Office)						
Lot 5, Whispering Hills River Estetes, according recorded Plat thereof, recorded in Book "A	" OF Plate						
Page 130, in the County of Skamania State							
Page 130, In the country of Train and State							
of Washington.							
or vousingion.							
8 DEALER'S REPORT OF SALE							
DEALER NAME (TYPED OR PRINTED) WA DEALER NUMBER	DATE OF SALE						
PURCHASE PRICE TAX JURISDICTION/TAX RATE DEALER'S AUTHORIZED SIGNATURE.	RE						
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) Angelo Moser COUNTY OFFICE/VFS OPERATOR NUMBER							
SIGNATURE Phagela Mosse	2-4-05						
10 TITLE FEES FILING FEE APPLICATION MOBILE HOME FEE FLIMINATION FEE USE TAX	SUBAGENT FEES						
FILING FEE APPLICATION PIOBLE HOPE TEE EXPLINATION TEE SEE NO.	555131111225						
	TOTAL FEES & TAX						
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 fi Manufactured Home Application, paying all required fees. Vehicle licensing Office to fi	le the ensing						
subagents charge a service fee. For full instructions on completing this form for title Elimination, Removal from Real Property or Tran							

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.

TD-420-729 MANUF HOME APPL (R/8/98)OR Page of