

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  
Fee: \$20.00

AFTER RECORDING MAIL TO:

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

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



First American Title  
Insurance Company

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)	
8153920	1998	FLEET	54 X 27	ORFLV48A24864LP13	
<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	
				02-05-15-1-0-0500-00	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
5		Whispering Hills River Estates		//	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skamania	2		N/A		
NAME OF REGISTERED OWNER					
Daryl Bernard					
NAME OF ADDITIONAL REGISTERED OWNER					
Elaine Bernard					
ADDRESS CITY STATE ZIP CODE					
16061 Washougal River Road, Washougal, WA. 98671					
NAME OF LEGAL OWNER					
N/A					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
<b>GRANTEE</b>					
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 INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>[Signature]</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>[Signature]</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
KACEY L. SOUKI NOTARY PUBLIC STATE OF WASHINGTON My Commission Expires DECEMBER 15, 2005		State of Washington County of Clark Signed or attested before me on Dec 18th 2004 by Daryl Bernard Signature Kacey L Souki PRINT NAME OF REGISTERED OWNER by Elaine Bernard Signature Kacey L Souki PRINT NAME OF REGISTERED OWNER Title Notary County/Office No. OR Dealer No. OR 12/15/05 DEALERSHIP POSITION/AGENT/NOTARY AND 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			
First American Title Co. Stephanie Thorpe		360256-1709			
SIGNATURE/POSITION		DATE			
Shore Escrow Officer		1/28/05			
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 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		509-427-9484		186-03	
SIGNATURE/POSITION				DATE	
Marlon Morat, Building Inspector				8-2-04	

<b>6 SIGNATURE OF LEGAL OWNER</b>					
<b>SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY.</b>					
Signature of Legal Owner and Title, IF APPLICABLE _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
<b>NOTARY SEAL OR STAMP</b>		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
		State of Washington		Signed or attested	
		County of _____		before me on _____	
		by <u>N/A</u>		Signature _____	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
		PRINT NAME OF LEGAL OWNER		County/Office No. OR	
		Title _____		Dealer No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 5, Whispering Hills River Estates, according to the recorded Plat thereof, recorded in Book "A" of Plats, Page 130, in the County of Skamania, State of Washington.					
<b>8 DEALER'S REPORT OF SALE</b>					
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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<u>Angela Moser</u>			<u>30-01-08</u>		
SIGNATURE			DATE		
<u>Angela Moser</u>			<u>2-4-05</u>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT 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 TDD (360) 664-8885.