


RETURN ADDRESS

Fern Stephens
3281 Canyon Creek Rd
Washougal, WA 98671

Doc # 2005157025
Page 1 of 2
Date: 04/20/2005 01:50P
Filed by: FERN STEPHENS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

| | | | | | |
|--|-----------------------------|--------------------------------------|------------------------|--|--|
|  | | 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 | | | | | |
| TPQ / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| 865437 | 1988 | DALE | 56X28 | 11B13036 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 01-05-05-1-0-0500-06 | | | | | |
| LOT | BLOCK | PLAT NAME OR SECTION/TOWNSHIP/RANGE | | QUARTER/QUARTER SECTION | |
| 9 | 3 | Prindle Park Estates | | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| ADDITIONAL NAMES ON PAGE | | | | | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | | |
| 30 | 1 | | | | |
| NAME OF REGISTERED OWNER STEPHENS, FERN E | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| ADDRESS 3281 CANYON CREEK RD WASHOUGAL WA 98671 | | | | | |
| CITY STATE ZIP CODE | | | | | |
| NAME OF LEGAL OWNER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | |
| GRANTEE | | | | | |
| NAME STATE OF WASHINGTON DEPT. 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 Fern E Stephens | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| State of Washington County of Skamania Signed or attested before me on 4-15-05 | | | | | |
| by Fern E. Stephens Signature Angela Moser | | | | | |
| PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT | | | | | |
| by Angela Moser | | | | | |
| PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY | | | | | |
| Title Agent AND: County/Office No. OR 30-0101 | | | | | |
| DEALERSHIP POSITION/AGENT/NOTARY 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 509-427-9484 | | | | | |
| SIGNATURE / POSITION DATE | | | | | |
| Marlon Morat Building Inspector 4-19-05 | | | | | |

| MANUFACTURED HOME - FROM SECTION 1 | | | | |
|--|---|---|------------------------------------|---|
| TPO / PLATE NUMBER 6105437 | YEAR 1988 | MAKE DALE | LENGTH/WIDTH(FEET) 56X28 | VEHICLE IDENTIFICATION NUMBER (VIN) 118130 36 |
| 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 before me on _____ County of _____ by _____ Signature _____ <small>PRINT NAME OF LEGAL OWNER</small> <small>NOTARY OR AGENT</small> by _____ <small>PRINT NAME OF LEGAL OWNER</small> <small>PRINTED NAME OF NOTARY</small> Title _____ AND: <small>County/Office No. OR Dealer No. OR Notary Expiration Date</small> | | | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | |
| Lot 9 of Block Three (3) of Prindle Park Estates, according to the official plat thereof on file and of record at page 131 of Book "A" of Plats, records of Skamania, Washington. TOGETHER WITH that 25-foot wide parcel of land that formerly constituted 1/2 of the county road adjacent to Lot Nine (9) of Block Three (3) of Prindle Park Estates, according to the official plat thereof on file and of record at page 131 of Book "A" of Plats, records of Skamania County, Washington. | | | | |
| 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) Angela Moser | | COUNTY OFFICE/VFS OPERATOR NUMBER 33-0108 | | |
| SIGNATURE <i>Angela Moser</i> | | DATE 4-20-05 | | |
| 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. | | | | |
| <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> 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. </div> | | | | |
| 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.