

Doc # 2005157534
Page 1 of 2
Date: 06/06/2005 02:23P
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

RETURN ADDRESS

Mildred L. Richards
4501 addy St. #71
Washougal, WA. 98671

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TRQ / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
541995	1978	Stat-L	70X28	7656	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02-05-35-0-0-0400-06					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		2		
NAME OF REGISTERED OWNER					
Mildred L. Richards					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
Lawrence D. Richards					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
2001 mabee mines 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: Lawrence D. Richards					
Signature of Additional Registered Owner and Title, IF APPLICABLE: Mildred L. Richards					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania					
Signed or attested before me on June 2, 05					
by Lawrence Richards Signature: Angela Mose					
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT					
by Mildred L. Richards Angela Mose					
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY					
Title: Agent AND: County/Office No. OR 300108					
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 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					
SIGNATURE / POSITION DATE					
Marlon Morat Building Inspector 6-2-05					

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER 541995	YEAR 78	MAKE Statl	LENGTH/WIDTH(FEET) 70X28	VEHICLE IDENTIFICATION NUMBER (VIN) 7656	
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 <i>Lawrence N. Richards</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <i>Michael S. Richards</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of _____		before me on _____	
		by _____		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		AND: Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
That portion of the Northwest Quarter of the North West Quarter of Section 35, Township 2 North, Range 5 east of the Willamette Meridian, in the County of Skamania, State of Washington, lying North of Old Road on to of Ridge					
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) <i>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>			DATE <i>6-6-05</i>		
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: 5px;"> 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.