


RETURN ADDRESS

Doc # 2005157573
Page 1 of 2
Date: 06/08/2005 02:27P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

SCTC

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					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	SilvCr	60 X 28	118-30563-AB	
2 LAND LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				03-09-11-3-0-1302-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		S11 T3N, R9E			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Burt Gerber					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Diana Gerber					
ADDRESS		CITY	STATE	ZIP CODE	
92 Shingle Mt Rd		Willard	WA	98605	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
American General Financial Services					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
1254 West Sixth Street		The Dalles	OR	97058	
GRANTEE					
NAME					
Department of Licensing					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I 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					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		County of		Signed or attested before me on	
Skamania				05/27/2005	
by Burt Gerber		Signature		Julie A Andersen	
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Diana Gerber		Signature		Julie A Andersen	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title		County/Office No. OR		AND: Dealer No. OR	
Notary		7-17-06		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
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 type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input checked="" 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		12-05	
SIGNATURE / POSITION		DATE			
Marlon Morat, Building Inspector		6-7-05			

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	SILVER	60 X 28	118 30563 AB	
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>Jennifer E. Gonzalez, Branch Manager</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
 JENNIFER E. GONZALEZ NOTARY PUBLIC-OREGON COMMISSION NO. 035060 MY COMMISSION EXPIRES DECEMBER 8, 2017		State of <u>Washington</u>		Signed or attested before me on <u>4/13/05</u>	
		County of <u>Skamania</u>		Signature <i>Jennifer E. Gonzalez</i>	
		Name of Legal Owner <u>Angela Moser</u>		PRINTED NAME OF NOTARY <u>Jennifer E. Gonzalez</u>	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR <u>12/8/07</u>	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) The North 214 of the Southeast Quarter of the Southwest Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington. Except the East 208 feet thereof. Together with an easement for ingress and utilities as disclosed by instrument recorded August 24, 1999 in Book 192, Page 488, also recorded October 1, 1999 in Book 193, Page 885.					
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) <u>Angela Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-0108</u>		
SIGNATURE <i>Angela Moser</i>			DATE <u>6-8-05</u>		
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.					
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.					
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.