

RETURN ADDRESS

Tammy Connolly  
 PO Box 583  
 Washougal, WA  
 98671

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TRQ / PLATE NUMBER 4114653	YEAR 1998	MAKE Fleetwood	LENGTH/WIDTH(FEET) 60 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) OR FLW4825242LP13	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SP3-326		REAL PROPERTY TAX PARCEL NUMBER 02-0519-0-01314-00	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER Skamania		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Derek Connolly		DOL CUSTOMER ACCOUNT NUMBER WA CONNODM289MO			
NAME OF ADDITIONAL REGISTERED OWNER Tamara Connolly		DOL CUSTOMER ACCOUNT NUMBER WA CONNOTK240KH			
ADDRESS 22 Harder Rd.		CITY Washougal	STATE WA	ZIP CODE 98671	
NAME OF LEGAL OWNER Suntrust Mortgage		DOL CUSTOMER ACCOUNT NUMBER			
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS 1001 Semmes Ave.		CITY Richmond	STATE VA	ZIP CODE 23224	
<b>GRANTEE</b>					
NAME State of WA 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 <i>Derek Connolly</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Tamara K Connolly</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY SEAL OR STAMP		State of Washington County of Skamania			
JERI L. CONNOLLY STATE OF WASHINGTON NOTARY - - - PUBLIC My Commission Expires April 28, 2008		SIGNED OR ATTESTED before me on July 14, 2005		Signature <i>Jeri L. Connolly</i>	
PRINT NAME OF REGISTERED OWNER Derek Connolly		Signature <i>Jeri L. Connolly</i>		NOTARY OR AGENT	
PRINT NAME OF REGISTERED OWNER Tamara K. Connolly		Signature <i>Jeri L. Connolly</i>		PRINTED NAME OF NOTARY	
Title Notary		AND: County/Office No. OR Dealer No. OR Notary Expiration Date		4/28/2008	
<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) Dennis Noone		TITLE COMPANY / PHONE NUMBER Clark County Title 360 6944722			
SIGNATURE / POSITION <i>Dennis Noone</i>		DATE 7/14/05			
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 #	
SIGNATURE / POSITION				DATE	

**MANUFACTURED HOME - FROM SECTION 1**

TPO / PLATE NUMBER <b>4114653</b>	YEAR <b>1998</b>	MAKE <b>Fleetwood</b>	LENGTH/WIDTH (FEET) <b>60 X 27</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>ORFLW4825242LP13</b>
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**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]* **0133142554**

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of <b>Washington</b> County of <b>City of Richmond</b>	Signed or attested <b>August</b> before me on <b>5/31/07</b>
	by <b>Jackie Miller on behalf</b> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by <b>of SunTrust Mortgage Inc.</b> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> PRINTED NAME OF NOTARY
	Title <b>First Vice President</b> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <b>5/31/07</b> Notary Expiration Date

**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

lot 2 of short plat, recorded in Book 3 of Short Plats, page 326, records of Skamania County, Washington. lot 2 - PSC Connolly SP book 3, page 326.

**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

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) <b>Angela Moser</b>	COUNTY OFFICE/VFS OPERATOR NUMBER <b>30-0108</b>
SIGNATURE <i>[Signature]</i>	DATE <b>8-16-05</b>

**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.