

Doc # 2005158997  
Page 1 of 2  
Date: 10/06/2005 02:33P  
Filed by: ERNEST & LEA ROBERTS  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$33.00

RETURN ADDRESS

Ernest & Lea Roberts  
PO Box 506  
Washougal WA 98671

| STATE OF WASHINGTON<br>Department of<br><b>Licensing</b>   |                             | MANUFACTURED HOME<br>APPLICATION    |                        | PLEASE CHECK ONE  |  |
|--|-----------------------------|-------------------------------------|------------------------|---|--|
|  |                             |                                     |                        | <input checked="" type="checkbox"/> TITLE ELIMINATION<br><input type="checkbox"/> TRANSFER IN LOCATION<br><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>   |                             |                                     |                        |   |  |
| YPO / PLATE NUMBER   | YEAR                        | MAKE                                | LENGTH/WIDTH/FEET      | VEHICLE IDENTIFICATION NUMBER (VIN)   |  |
| 963797   | 1981                        | Draw                                | 60x24                  | 8305409344  |  |
| <b>2 LAND</b>  |                             |                                     |                        |   |  |
| LEGAL DESCRIPTION ON PAGE  |                             |                                     |                        |   |  |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED   |                             |                                     |                        |   |  |
| REAL PROPERTY TAX PARCEL NUMBER<br>02-07-20-3-4-0600-00  |                             |                                     |                        |   |  |
| LOT  | BLOCK                       | PLAT NAME OR SECTION/TOWNSHIP/RANGE |                        | QUARTER/QUARTER SECTION   |  |
| 6  | 8                           | Relocated N. Bonneville B/32        |                        |   |  |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>  |                             |                                     |                        |   |  |
| ADDITIONAL NAMES ON PAGE   |                             |                                     |                        |   |  |
| COUNTY NUMBER  | NUMBER OF REGISTERED OWNERS |                                     | NUMBER OF LEGAL OWNERS |   |  |
| 30   | 2                           |                                     | X                      |   |  |
| NAME OF REGISTERED OWNER   |                             |                                     |                        |   |  |
| Ernest & Lea Roberts   |                             |                                     |                        |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                             |                                     |                        |   |  |
| NAME OF ADDITIONAL REGISTERED OWNER  |                             |                                     |                        |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                             |                                     |                        |   |  |
| ADDRESS  |                             |                                     |                        |   |  |
| PO Box 506   |                             |                                     |                        |   |  |
| CITY   |                             |                                     |                        |   |  |
| Washougal  |                             |                                     |                        |   |  |
| STATE  |                             |                                     |                        |   |  |
| WA   |                             |                                     |                        |   |  |
| ZIP CODE   |                             |                                     |                        |   |  |
| 98671  |                             |                                     |                        |   |  |
| NAME OF LEGAL OWNER  |                             |                                     |                        |   |  |
| Same   |                             |                                     |                        |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                             |                                     |                        |   |  |
| NAME OF ADDITIONAL LEGAL OWNER   |                             |                                     |                        |   |  |
| DOL CUSTOMER ACCOUNT NUMBER  |                             |                                     |                        |   |  |
| ADDRESS  |                             |                                     |                        |   |  |
| CITY   |                             |                                     |                        |   |  |
| STATE  |                             |                                     |                        |   |  |
| ZIP CODE   |                             |                                     |                        |   |  |
| <b>GRANTEE</b>   |                             |                                     |                        |   |  |
| NAME   |                             |                                     |                        |   |  |
| State of Washington DOL  |                             |                                     |                        |   |  |
| 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 Ernest Roberts  |                             |                                     |                        |   |  |
| Signature of Additional Registered Owner and Title, IF APPLICABLE L Roberts  |                             |                                     |                        |   |  |
| NOTARY SEAL OR STAMP   |                             |                                     |                        |   |  |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE   |                             |                                     |                        |   |  |
| State of Washington  |                             |                                     |                        |   |  |
| County of Clark  |                             |                                     |                        |   |  |
| Signed or attested before me on 10-5-05  |                             |                                     |                        |   |  |
| by Ernest Roberts  |                             |                                     |                        |   |  |
| PRINT NAME OF REGISTERED OWNER   |                             |                                     |                        |   |  |
| Signature Valerie J Keller   |                             |                                     |                        |   |  |
| NOTARY OR AGENT  |                             |                                     |                        |   |  |
| by L Roberts   |                             |                                     |                        |   |  |
| PRINT NAME OF REGISTERED OWNER   |                             |                                     |                        |   |  |
| PRINTED NAME OF NOTARY   |                             |                                     |                        |   |  |
| Valerie J Keller   |                             |                                     |                        |   |  |
| Title Notary Public  |                             |                                     |                        |   |  |
| County/Office No. OR   |                             |                                     |                        |   |  |
| Dealer No. OR  |                             |                                     |                        |   |  |
| AND: Notary Expiration Date 04-01-2009   |                             |                                     |                        |   |  |
| <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   |                             |                                     |                        |   |  |
| SIGNATURE / POSITION   |                             |                                     |                        |   |  |
| DATE   |                             |                                     |                        |   |  |
| 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.<br><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 #  |                             |                                     |                        |   |  |
| 04-304   |                             |                                     |                        |   |  |
| SIGNATURE / POSITION   |                             |                                     |                        |   |  |
| DATE   |                             |                                     |                        |   |  |
| 9/6/05   |                             |                                     |                        |   |  |

VALERIE J. KELLER  
NOTARY PUBLIC  
STATE OF WASHINGTON  
My Commission Expires  
APRIL 01, 2009

| MANUFACTURED HOME - FROM SECTION 1   |   |  |                                |  |
|--|---|--|--------------------------------|--|
| TPO/PLATE NUMBER<br><b>W63793</b>  | YEAR<br><b>1981</b>   | MAKE<br><b>Brack</b>                               | LENGTH/WIDTH(FEET)<br><b>X</b> | VEHICLE IDENTIFICATION NUMBER (VIN)<br><b>8305409344</b> |
| <b>6 SIGNATURE OF LEGAL OWNER</b>  |   |  |                                |  |
| 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   | <b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b><br>State of Washington _____ Signed or attested before me on _____<br>County of _____<br>by _____ Signature _____ NOTARY OR AGENT<br>PRINT NAME OF LEGAL OWNER<br>by _____ PRINTED NAME OF NOTARY<br>PRINT NAME OF LEGAL OWNER County/Office No. OR<br>Title AND: Dealer No. OR<br>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 6, Block 8, of the PIAT of Relocated North Bannockville, recorded in Book "B" of PIATS, PAGE 16, SKAMANIA County file No. 83466<br>Also recorded in Book 13 of PIATS, PAGE 32, SKAMANIA County file No. 84429, in the County of Skamania, State of Washington  |   |  |                                |  |
| <b>8 DEALER'S REPORT OF SALE</b>   |   |  |                                |  |
| 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"/> <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)<br><b>Peggy Lowry</b>  |   | COUNTY OFFICE/VFS OPERATOR NUMBER<br><b>300106</b> |                                |  |
| SIGNATURE<br><b>Peggy Lowry</b>  |   | DATE<br><b>10/1/05</b>                             |                                |  |
| <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 TTY (360) 664-8885.