

RETURN ADDRESS

Doc # 2005159730  
 Page 1 of 2  
 Date: 12/02/2005 11:21A  
 Filed by: SKAMANIA COUNTY TITLE  
 Filed & Recorded in Official Records  
 of SKAMANIA COUNTY  
 J. MICHAEL GARVISON  
 AUDITOR  
 Fee: \$33.00

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
8143965	1998	GOLDW	56 X 27	GWOR23N19741	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02-05-34-0-0-0811-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				S34, T2N, R5E	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE 3					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Dwight K. Shannon					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Tina Shannon					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1036		Washougal	WA	98671	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Chase Manhattan Mortgage Corp.					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
20955 Pathfinder Road #300		Diamond Bar	CA	91765	
<b>GRANTEE</b>					
NAME DEPARTMENT 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>Dwight K. Shannon</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Tina Shannon</i>					
<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>					
NOTARY SEAL OR STAMP CATHY V. RISKEY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JUNE 1, 2006		State of Washington County of Clark		Signed or attested before me on 2/12/04	
		by DWIGHT K. SHANNON		Signature <i>Cathy V. Risky</i>	
		by TINA SHANNON		NOTARY OR AGENT	
		by CATHERINE V. RISKEY		PRINTED NAME OF NOTARY	
Title		County/Office No. OR Dealer No. OR		AND: Notary Expiration Date 10-1-06	
DEALERSHIP POSITION/AGENT/NOTARY					
<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. <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		405 #97	
SIGNATURE / POSITION				DATE	
<i>Marlon Morat</i>		Building Inspector		12-23-04	

## MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER <b>8143965</b>	YEAR <b>1998</b>	MAKE <b>GOLDW</b>	LENGTH/WIDTH(FEET) <b>56 X 27</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>GWOR23N19741</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

*Carol McCowan - Ops Sec  
CHASE HOME FINANCE*

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

## NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington  
County of ClarkSigned or attested  
before me on 2-17-04by CAROL McCOWAN  
PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

by \_\_\_\_\_  
PRINT NAME OF LEGAL OWNER*Richard M. Zichichi*  
PRINTED NAME OF NOTARYTitle \_\_\_\_\_  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR  
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

A tract of land in the Southeast Quarter of the Southwest Quarter of Section 34, Township 2 North, Range 5 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the W. Jack Sprinkel Short Plat recorded in Book 2 of Short Plats, Page 83, Skamania County Records.

**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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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.