RETURN ADDRESS		Doc # 2006160314 Page 1 of 3 Date: 01/24/2006 12:08 Filed by: SKAMANIA COUNTY TITLE Filed & Recorded in Official Records of SKAMANIA COUNTY J. MICHAEL GARVISON AUDITOR Fee: \$34.00
of a felony, and upon convicti	MANUFACTURES APPLICATION a faise statement of a material fails on may be punished by a fine, im	ON TRANSFER IN LOCATION DEPENOVAL FROM REAL PROPERTY
1 MANUFACTURED HOME TPO / PLATE NUMBER YEAR	MAKE LENGTH/WIDTH(F	FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
2005	BEACON 48 X 2	75 ORFL548A31093-BH13
2 LAND	L	EGAL DESCRIPTION ON PAGE REAL PROPERTY TAX PARCEL NUMBER
MANUFACTURED HOME WILL	BE 🗷 AFFIXED 🔲 REMOVE	D REAL PROPERTY TAX PARCEL NUMBER 03-08-17-2-3-0413-00
LOT BLOCK	PLAT NAME OR SECTION/TOWNSH	
13 3 GRANTOR(S) REGISTERED	Russell's Meado	ADDITIONAL NAMES ON PAGE
COUNTY NUMBER	NUMBER OF REGISTERED OW	
30	2	DDL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		DOL COSTOMER ACCOUNT NUMBER
Raymond A. Delgad NAME OF ADDITIONAL REGISTERED OWN		DOL CUSTOMER ACCOUNT NUMBER
Debra A. Delgado		
ADDRESS PO BOX 518 NAME OF LEGAL OWNER	Carson	STATE ZIP CODE WA 98610 DOL CUSTOMER ACCOUNT NUMBER
Eagle Home Mortga	ge	
NAME OF ADDITIONAL LEGAL OWNER	7.77	DOL CUSTOMER ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE
7320 SW Hunziker	D. Y	OR 97223
GRANTEE GRANTEE		
GRANTEE NAME	TWOTING	
GRANTEE NAME DEPARTMENT OF LIC	R PENALTY OF PERJURY THAT	1/ WE AM/ARE THE REGISTERED OWNER(S) OF THIS
GRANTEE NAME DEPARTMENT OF LIC	R PENALTY OF PERJURY THAT	TI/ WE AM/ARE THE REGISTERED OWNER(S) OF THIS
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GRANTEE NAME DEPARTMENT OF LIC DO SOLEMNLY ATTEST UNDE VEHICLE AND THIS INFORMAT Signature of Registered Signature of Additional Registered NOTARY SEAL OR STAMP	R PENALTY OF PERJURY THAT TION IS ACCURATE: Owner and Title, IF APPLICABLE Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICA State of Washington	ATION FOR REGISTERED OWNER(S) STENATURE Signed or attested 2.7. 2.5
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GRANTEE NAME DEPARTMENT OF LIC DO SOLEMNLY ATTEST UNDER VEHICLE AND THIS INFORMAT Signature of Registered NOTARY SEAL OR STAMP OF WASHING TITLE COMPANY CERTIFICA TITLE COMPANY CERTIFICA	ER PENALTY OF PERJURY THAT TON IS ACCURATE: Owner and Title, IF APPLICABLE OWNER and Title, IF APPLICABLE NOTARIZATION/CERTIFICA State of Washington County of PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF THE DEALERSHIP POSITION/AGENT/NOTARY ATION Of the land and ownership is true an	ATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested before me on 1/- 23-05 De isalo Signature NOTARY PRINTED NAME OF NOTARY County/Office No. OR Notary Expiration Date and correct per the real property records.
GRANTEE NAME DEPARTMENT OF LIC DO SOLEMNLY ATTEST UNDER VEHICLE AND THIS INFORMAT Signature of Registered NOTARY SEAL OR STAMP OF WASHING TITLE COMPANY CERTIFICA TITLE COMPANY CERTIFICA	ER PENALTY OF PERJURY THAT TON IS ACCURATE: Owner and Title, IF APPLICABLE OWNER and Title, IF APPLICABLE NOTARIZATION/CERTIFICA State of Washington County of PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF THE DEALERSHIP POSITION/AGENT/NOTARY ATION Of the land and ownership is true an	Deligation Signature PRINTED NAME OF NOTARY County/Office No. OR Part of County Or ACE OF NO. OR AND: Dealer No. OR Part of County Or ACE OF NO. OR Dealer No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Part of County/Office No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Dealer No. OR Part of County/Office No. OR Part of County/Of
DEPARTMENT OF LIC DO SOLEMNLY ATTEST UNDEVEHICLE AND THIS INFORMAT Signature of Registered NOTARY SEAL OR STAMP COPEL SOLON ENDINE OF WASHINGTON TITLE COMPANY CERTIFICATION CORTIFICATION COPTION COPTIO	ER PENALTY OF PERJURY THAT TON IS ACCURATE: Owner and Title, IF APPLICABLE OWNER and Title, IF APPLICABLE NOTARIZATION/CERTIFICA State of Washington County of PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF PRINT NAME OF REGISTERED OWNER OF THE DEALERSHIP POSITION/AGENT/NOTARY ATION Of the land and ownership is true an	ATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested before me on 1/- 23-05 Deigalo Signature NOTARY PRINTED NAME OF NOTARY County/Office No. OR 9 / 17 0 / Notary Expiration Date and correct per the real property records.

☐ the manufactured home has been affixed to the real property as described. ☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

BLDG PERMIT OFFICE/PHONE #

BLDG PERMIT#

DATE

I certify that:

NAME (TYPED OR PRINTED)

SIGNATURE / POSITION

5 BUILDING PERMIT OFFICE CERTIFICATION

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RETURN ADDRESS								
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1 MANUFACTURE				LENGTH/WIDTH(FEET)				
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2 LAND	2005			LEGA	L DESCRIP	TION ON I	AGE_	
MANUFACTURED H	OME WILL				03-08	8-17-2-	-3-041	3 - 00
LOT В	LOCK	P		R SECTION/TOWNSHIP/RA			UARTER/QI	JARTER SECTION
3 GRANTOR(S) RI	EGISTERED	/LEGAL	OWNER(S) ADDI	TIONAL NA		AGE	MANERS
COUNTY NUMBER 30			NUMBER (OF REGISTERED OWNERS		NUMBER	or legal C	· · · · · · · · · · · · · · · · · · ·
NAME OF REGISTERED OV	VNER		1 —	A\$.		4	DOL C	JSTOMER ACCOUNT NUM
Raymond A.	Delgado	ER .		. (. \		_	DOL C	JSTOMER ACCOUNT NUMI
Debra A. D							STATE	ZIP CODE
ADDRESS	,		- 3	Carson	1		WA	98610
PO BOX 518 NAME OF LEGAL OWNER	<u>'</u>			1			DOL CL	ISTOMER ACCOUNT NUMB
Eagle Home	Mortgag SAL OWNER	<u>ze</u>	-			·	DOL CL	STOMER ACCOUNT NUMB
				CITY			STATE	ZIP CODE
ADDRESS 7320 SW Hu	nziker F	Road	#200	Tigard_	4	<u> </u>	OR	97223
GRANTEE	44	7						
NAME DEPARTMENT	OF LICE	ENSIN	3		- 1111 BE	THE DEC	CTEDED	OWNER(S) OF THIS
DEPARTMENT DO SOLEMNLY AT VEHICLE AND THIS	TEST UNDE	R PENA ON IS A	LTY OF P CCURATI	E:	E AM/ARE	1 A	I A	OWNER(O) OF THE
				APPLICABLE JU	mon	<u> </u>	Vily	zurlo
Signature of Additiona		Owner a	and Title. I	APPLICABLE A	else	erer	Dè	lgado
NOTARY SEAL OR ST	AMP	NC	TARIZAT	ION/CERTIFICATION				
COPE	Anders	tate of V	Vashingtor County of		nin	Signed or befor	attested e me on_	11-25-05
S IMSSION E			Ra_	mond Del	izalosign		7, 1	der
ENOTAR		PRINT	IAME OF REC	SISTERED OWNER	,	NQTO	RY OR AGE	(5) A. L. A. L.
PUBL!	~ × €	PRINT	IAME OF REC	SISTERED OWNER		TED NAME O	F NOTARY ounty/Offic	NO OR
STATE 13.	THE IT	410		ON/AGENT/NOTARY		AND:		r No. OR
TITLE COMPANY	TOTICIO	TION						
certify that the legal of	description o	f the lan	d and own	ership is true and cor	Trect per the	real prope	rty record	ls
AME (TYPED OR PRINTED))		•					DATE
IGNATURE / POSITION								DATE
inalize this applicati	on with a Li	censing	Agent wi	thin 10 calendar day	s of the date	e Title Co	npany R	epresentative signs.
BUILDING PERM	IT OFFICE C	ERTIFIC	CATION		The second and the second	o docoribe	ıd.	<u></u>
cerniy mat.	a building p	ermit h	as been is:	been affixed to the results of the results of the purpose DG PERMIT OFFICE/PHON	and the atta	chment wi	II be insp	ected upon completio
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GIGNATURE / POSITION	ψn ~		⊋ .	Iding Time	porto	~		1-23-06
-420-729 MANUF HOME AP	PL (R/2/02)OR (V	V)Page1o	12 12	nann-	W.CO			

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MANUFACTURED HO	ME - FROM SE	CTION 1	LENGTH/WID			FICATION NUMBE		_
TPO/PLATE NUMBER	2005 1	3EACON	1		RPLE	548310	93 f	3413
6 SIGNATURE OF LEGA	EGAL OWNER		OFNIT FOR F	LIMINATION	OF TITL	E / REMOVAL	FROM	REAL PROPERTY.
	egal Owner and		LICABLE	aul) - S	ortgage. J	81)	£
Signature of Acoustical		Title IF APP	LICABLE					
CENTRAL ON	MP	NOTARI	ZATION/CE	RTIFICATION	FOR LE	GAL OWNER	(S) SIG	NATURE
OFFICIAL SE/ JULIA M KNA NOTARY PUBLIC-O COMMISSION NO.	State o	of W achingto County o	monegon f <u>Washi</u>	ng ton		Signed or attes before me ature NOTARY OF	on AGENT M - L	10v. 29, 2005 Mysa Wox
W _C O _N	Title _	Not	TON/AGENT/NO	JARY		AND: 1 Notary E	Dealer N xpiration	o. OR_ <u>10/21/266</u> n Date
7 LAND DE RIPTI	AN /A longl de	ecription of	the land ca	n be obtair	ed from	the local Cou	unty As	sessor's Office
c+a+a of Wasi	orded in Bo nington. ' s 2 and 3 r thereof.	Together of the R	with an tussell'	n undivi	ded 1	/31 inter	est :	in the pond
8 DEALER'S REPO	RT OF SALE					ENGLINDRAN	ICES E	YCEPT AS SHOWN.
I CERTIFY THAT THAT THE	HIS INFORMATION THE TAX HAS	N IS CORRI BEEN COLL	ECT. THE VE ECTED.	HICLE IS C	LEAR OF	RNUMBER	DAT	XCEPT AS SHOWN.
DEALER NAME (TYPED OR I	PRINTED)			THORIZED SIGI			<u> </u>	
PURCHASE PRICE	TAX JURISDICT		1			ab potarized st	atemeni	t of delivery).
USE TAX EX	EMPT Sale to a	Certified Trib	al member c	n the reserva	use by	Subagents)	atomon	,,
9 COUNTY AUDITO	application appear	s to have bee	n completed	correctly, and	the appli	cant has suffici	ent docu	umentation to proceed
with the recording of the	is form.					FFICENFS OPER		
NAME (TYPED OR PRINTED)	Maso					<u>50-01</u>	<u>-() </u>	
SIGNATURE)	2011 c	lr					DATE	-24-05
10 TITLE FEES	APPLICATION	MOBILE H	OME FEE	ELIMINATION I	FEE	USE TAX		SUBAGENT FEES
Lic	nce the applicat ensing Office, tain proof of th ur original appli	take your ap e recording cation form	fees paid. I , obtain a c	f the Recor ertified copy	ding Offi y of the r	ce retains ecorded form	١.	TOTAL FEES & TAX
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For full ins Transfer ir	structions on co	mpleting thi form TD-42	is form for T 20-730, Mar	Title Elimina nufactured l	tion, Rei Home Ap	moval from Roplication Inst	· · · · · · · · · · · · · · · · · · ·	operty or