
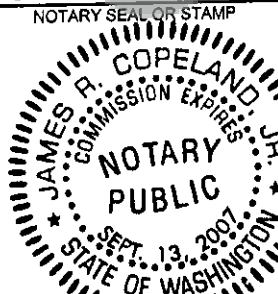


RETURN ADDRESS

Doc # 2006160314
Page 1 of 3
Date: 01/24/2006 12:08P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$34.00

STATE OF WASHINGTON Department of Licensing		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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	BEACON	48 X 27	ORFL548A31093-BH13	
2 LAND					
LEGAL DESCRIPTION ON PAGE				REAL PROPERTY TAX PARCEL NUMBER	
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				03-08-17-2-3-0413-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
13		Russell's Meadow Sub			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Raymond A. Delgado					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Debra A. Delgado					
ADDRESS		CITY	STATE	ZIP CODE	
PO BOX 518		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Eagle Home Mortgage					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
7320 SW Hunziker Road #200		Tigard	OR	97223	
GRANTEE					
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>Raymond A. Delgado</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Debra A. Delgado</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Skamania		before me on 11-23-05	
		by <i>Raymond Delgado</i>		Signature <i>[Signature]</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by <i>Debra Delgado</i>		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		Title <i>Notary</i>		AND: County/Office No. OR 9-18-07	
DEALERSHIP POSITION/AGENT/NOTARY				Dealer No. OR	
				Notary Expiration Date	
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 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			

RETURN ADDRESS

		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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	BEACON	27 X 68.5	ORFL548A31093-BH13	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-17-2-3-0413-00					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
13		Russell's Meadow Sub			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER					
Raymond A. Delgado					
NAME OF ADDITIONAL REGISTERED OWNER					
Debra A. Delgado					
ADDRESS		CITY	STATE	ZIP CODE	
PO BOX 518		Carson	WA	98610	
NAME OF LEGAL OWNER					
Eagle Home Mortgage					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
7320 SW Hunziker Road #200		Tigard	OR	97223	
GRANTEE					
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>Raymond A. Delgado</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Debra A. Delgado</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <i>Skamania</i> Signed or attested before me on <i>11-25-05</i>			
		Signature <i>Raymond Delgado</i>			
		Signature <i>Debra Delgado</i>			
		Signature <i>James R. Copeland</i>			
		PRINTED NAME OF NOTARY			
		County/Office No. OR			
		Dealer No. OR			
		Notary Expiration Date			
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 #	
Morton Morat		509-427-3920		169-05	
SIGNATURE / POSITION				DATE	
<i>Morton Morat</i>		Building Inspector		1-23-06	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR <u>2005</u>	MAKE <u>BEACON</u>	LENGTH/WIDTH(FEET) <u>68X27</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>ORFL54831093BH13</u>	
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 <u>Paul A. Lattin, SVP</u>		Signature of Legal Owner and Title, IF APPLICABLE <u>Eagle Home Mortgage, Inc</u>			
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: left top;"> OFFICIAL SEAL JULIA M. KNOX NOTARY PUBLIC - OREGON COMMISSION NO. 37882 MY COMMISSION EXPIRES OCT 23, 2008 </div>		State of <u>Washington</u> Oregon County of <u>Washington</u>			
		Signed or attested before me on <u>Nov. 29, 2005</u>			
		by <u>Eagle Home Mortgage Inc.</u> PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT	
		by <u>Paul A. Lattin, SVP</u> PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Julia M. Knox</u>	
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>10/21/2007</u> Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 13 of the RUSSELL'S MEADOW SUBDIVISION, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 102, in the County of Skamania, State of Washington. Together with an undivided 1/31 interest in the pond known as Lots 2 and 3 of the Russell's Meadow Subdivision, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 102, in the County of Skamania, State of Washington.					
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 Maser</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>			
SIGNATURE <u>[Signature]</u>		DATE <u>1-24-05</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.