

Doc # 2006162418
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Date: 07/24/2006 04:27P
Filed by: MARK & CINDY LUX
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$33.00

RETURN ADDRESS

Mark & Cindy Lux
PO Box 118
Carson WA 98610

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input type="checkbox"/> TITLE ELIMINATION	
				<input checked="" 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)	
90 055144	1992	Keama	70 X 28	11816291	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
From 03073514040000					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED To: REAL PROPERTY TAX PARCEL NUMBER 03082130010600					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
2	-	Beard Short Plat 191		NW 1/4 Sec 21	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE T3NR8E					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		-		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Mark Lux					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Cindy Lux					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 118		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Same					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME State of Washington 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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania Signed or attested before me on 7-24-06			
		by mark lux Signature Angela Morse			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by Cindy Lux			
		PRINT NAME OF REGISTERED OWNER			
		Title Agent			
		DEALERSHIP POSITION/AGENT/NOTARY			
		AND: County/Office No. OR 30-008			
		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			
Jim Speiland		SKAMANIA County Title 427-5681			
SIGNATURE / POSITION		DATE			
Jim Speiland Owner		7-24-06			
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 #	
Marlon Morat		509-427-3920		114-06	
SIGNATURE / POSITION				DATE	
Marlon Morat Building Inspector				7-18-06	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER 90055144	YEAR 1992	MAKE Redme	LENGTH/WIDTH(FEET) 70X28	VEHICLE IDENTIFICATION NUMBER (VIN) 11816291
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 of Additional Legal Owner and Title, IF APPLICABLE _____				
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington _____ Signed or attested before me on _____ County of _____ by _____ Signature _____ <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> by _____ <small>PRINT NAME OF LEGAL OWNER</small> <small>PRINTED NAME OF NOTARY</small> <small>Title</small> <small>County/Office No. OR</small> <small>DEALERSHIP POSITION/AGENT/NOTARY</small> AND: <small>Dealer No. OR</small> <small>Notary Expiration Date</small>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)				
From: Lot 4 Neyland sp Bk 2/Pg 201 Title Elim FK 191/Pg 424 move TO: Lot 2 of Beard Short Plat Bk 3 of Short Plats Page 191 Skamania County.				
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) Angela Maser		COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-08		
SIGNATURE Angela Maser		DATE 7/24/06		
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.