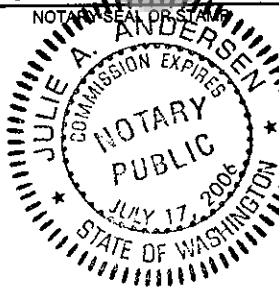
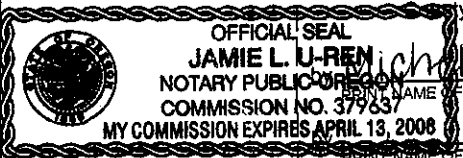


Doc # 2006162681  
Page 1 of 3  
Date: 08/18/2006 11:34A  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$34.00

RETURN ADDRESS

STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1- MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	05	GLD West	66 X 40	ALB0293660R - ABC	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE <u>XX 4</u>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02-05-32-3-0-0801-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
42,43		Washougal Riverside Tracts			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE</b>					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Lowell Campen					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Diane Campen					
ADDRESS		CITY	STATE	ZIP CODE	
241 Laurel Lane,		Washougal	WA	98671	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
National City Bank of Indiana					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
4640 SW Macadam #50		Portland	OR	97201	
<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 <u>Lowell Campen</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Diane Campen</u>					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington	County of <u>Skamania</u>	Signed or attested before me on <u>08/18/2005</u>	
		by <u>Lowell Campen</u>	Signature <u>Julie A Andersen</u>	NOTARY OR AGENT	
		by <u>Diane Campen</u>	PRINTED NAME OF NOTARY <u>Julie A Andersen</u>		
		Title <u>Notary</u>	AND: County/Office No. OR <u>7-17-2006</u>	Dealer No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date		
<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		509-427-3920		64-05	
SIGNATURE / POSITION				DATE	
<u>Marlon Morat</u> Building Inspector				8-17-06	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	GLD West	66 X 40	ALB0293660RABC	
<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		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <del>Washington</del> <u>Oregon</u>		Signed or attested before me on <u>3/22/05</u>	
		County of <u>Multnomah</u>		Signature <u>Jamie L. U-then</u>	
		PRINT NAME OF LEGAL OWNER <u>Nichelle Lombard</u>		NOTARY OR AGENT	
		PRINT NAME OF NOTARY <u>Jamie L. U-then</u>		COUNTY/OFFICE No. OR	
Title <u>Notary</u>		AND: Dealer No. OR		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
<b>7 LAND DESCRIPTION</b> (A legal description of the land can be obtained from the local County Assessor's Office)					
See page 3					
<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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
SIGNATURE			DATE		
<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.

EXHIBIT 'A'

Lots 42 and 43 of the WASHOUGAL RIVERSIDE TRACTS, according to the Plat thereof, recorded in Book 'A' of Plats, Pages 80 and 81, records of Skamania County, Washington.

EXCEPT that portion thereof described as follows:

Beginning at the Westerly corner of said Lot 43; thence in a Southeasterly direction following the Westerly line of said Lot, 525 feet; thence North  $48^{\circ}04'$  East 138.1 feet; thence North  $50^{\circ}38'$  East 261.9 feet to intersection with the Easterly line of said Lot 42; thence in a Northwesterly direction following the Easterly line of said Lot, 525 feet to the Northerly corner of said Lot; thence following the Northerly lines of said Lots 43 and 42, South  $50^{\circ}38'$  West 261.9 feet; thence South  $48^{\circ}04'$  West 138.1 feet to the Point of Beginning of the tract hereby excepted.

Unofficial Copy