

Doc # 2006162721  
Page 1 of 2  
Date: 08/22/2006 04:31P  
Filed by: SCOT BERGERON  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$33.00

RETURN ADDRESS

Scot Bergeron  
22 Waters Rd.  
Cook, WA. 98605

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)	
X236973	1995	Fleetwood	27 X 44	ORFLS48AB20714	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				03091130190000	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		2	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Scot Bergeron					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Rebecca Stonestred					
ADDRESS		CITY	STATE	ZIP CODE	
22 Waters Road		Mill A	WA	98605	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Scot Bergeron					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Rebecca Stonestred					
ADDRESS		CITY	STATE	ZIP CODE	
22 Waters Road		Mill A	WA	98605	
<b>GRANTEE</b>					
NAME					
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>Scot Bergeron</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Rebecca Stonestred</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skamania</u> Signed or attested before me on <u>8-22-06</u>			
		by <u>Scot Bergeron</u> PRINT NAME OF REGISTERED OWNER Signature <u>J. Michael Garvison</u> NOTARY OR AGENT			
		by <u>Rebecca Stonestred</u> PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY			
		Title <u>Agent</u> DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR <u>30-0108</u> Dealer No. OR 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 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				252-00	
SIGNATURE / POSITION				DATE	
<u>M. Morat</u> B.I.				8-17-06	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER <b>X236973</b>	YEAR <b>1995</b>	MAKE <b>Fleetwood</b>	LENGTH/WIDTH(FEET) <b>44 X 27</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>ORFLS48AB20714</b>	
<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	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> 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 PRINTED NAME OF NOTARY</small> Title _____ <b>AND:</b> County/Office No. OR <small>DEALERSHIP POSITION/AGENT/NOTARY</small> Dealer No. OR Notary Expiration Date _____				
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Beginning at the Northeast corner of the Southwest Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington; thence West 31 rods to the true point of beginning; thence South 40 Rods more or less, to the South line of said Section 11; thence West 9 rods to the Southwest corner of said Section 11; thence North 40 Rods; thence East 9 Rods to the true point of beginning. EXCEPT that portion conveyed to Robert D. Wilson et ux, by instrument recorded in Book 52, page 352, Deed Records.					
<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) <b>Angela Maser</b>			COUNTY OFFICE/VFS OPERATOR NUMBER <b>30-01-08</b>		
SIGNATURE <b>Angela Maser</b>			DATE <b>8-22-06</b>		
<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.					
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <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.       </div>					
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.