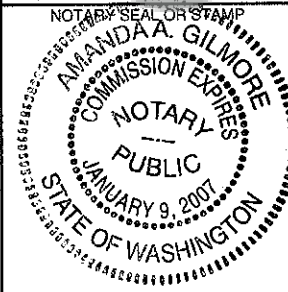
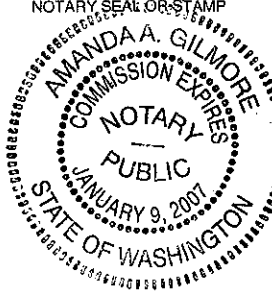


Doc # 2006162956
Page 1 of 2
Date: 09/12/2006 02:16P
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$33.00

RETURN ADDRESS

Clark County Title
700 NE 4TH Ave. #201
CAMAS, WA 98607

WASHINGTON STATE DEPARTMENT OF LICENSING		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	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
&242148	2003	FLEET	64 X 27	ORFL24829128GX13	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02051510040100	
LOT 6	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE WHISPERING HILLS RIVER ESTATES		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER FREDERIC N. YOUNG LIVING TRUST				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER DENNIS J. DAY, TRUSTEE				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 26510 SW LADD HILL ROAD		CITY SHERWOOD		STATE OR	ZIP CODE 97140
NAME OF LEGAL OWNER FREDERIC N. YOUNG LIVING TRUST				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER DENNIS J. DAY, TRUSTEE				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 26510 SW LADD HILL ROAD		CITY SHERWOOD		STATE OR	ZIP CODE 97140
GRANTEE					
NAME STATE OF WASHINGTON - 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>Dennis J. Day, TRUSTEE</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of <i>Clark</i>		Signed or attested before me on <i>8/29/06</i>			
by <i>Dennis J. Day</i> PRINT NAME OF REGISTERED OWNER		Signature <i>Amanda A. Gilmore</i> NOTARY OR AGENT			
by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <i>Amanda A. Gilmore</i>			
Title <i>Notary</i> DEALERSHIP POSITION / AGENT / NOTARY		AND: County/Office No. OR Dealer No. OR <i>19-07</i> 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) AMANDA A. GILMORE CLARK COUNTY TITLE			TITLE COMPANY / PHONE NUMBER 360-834-2984		
SIGNATURE / POSITION <i>Amanda Gilmore</i> LPO, Escrow Officer			DATE 8/29/06		
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 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) Marlon Morat		BLDG PERMIT OFFICE/PHONE # 509-427-3930		BLDG PERMIT # 253-02	
SIGNATURE / POSITION <i>Marlon Morat</i> Building Inspector				DATE 9-12-06	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER 242148	YEAR 2003	MAKE FLEET	LENGTH/WIDTH(FEET) 64 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL24829128GX13	
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 <i>Dennis J. Day, TTEE</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of Washington		County of <i>Clark</i>		Signed or attested before me on <i>8/29/06</i>	
by <i>Dennis J. Day</i>		Signature <i>Amanda A. Gilmore</i>		NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY			
by _____		PRINT NAME OF LEGAL OWNER			
Title <i>Notary</i>		AND: County/Office No. OR _____		Dealer No. OR <i>1-907</i>	
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
LOT 6, WHISPERING HILLS RIVER ESTATES, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGE 130, RECORDS OF SKAMANIA COUNTY, 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) <i>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser, Deputy</i>			DATE <i>9-12-06</i>		
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.