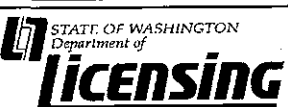


Doc # 2006163453  
Page 1 of 2  
Date: 10/24/2006 09:11A  
Filed by: SHAYNE CROSS  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$33.00

RETURN ADDRESS  
Shayne & Grace Cross  
1180 SW Ryan Allen Rd  
Stevenson, WA 98648

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" 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)	
101559	1978	GoldenWst	60 X24	GW04A313403	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02070211080000					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
2		Weber Short Plat 2 North 7		Northeast Northeast	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER					
GRACIELA D. CROSS					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
SHAYNE G. CROSS					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
1180 SW Ryan Allen Rd Stevenson WA 98648					
NAME OF LEGAL OWNER					
RIVERVIEW COMM. BANK					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
P.O. BOX 10 Stevenson WA 98648					
CITY					
Stevenson					
STATE					
WA					
ZIP CODE					
98648					
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					
Graciela D. Cross					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
Shayne G. Cross					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington			
		County of Skamania			
		Signed or attested before me on 10-24-06			
		by Graciela D. Cross			
		PRINT NAME OF REGISTERED OWNER			
		Signature			
		NOTARY OF AGENT			
		by Shayne G. Cross			
		PRINT NAME OF REGISTERED OWNER			
		PRINTED NAME OF NOTARY			
		County/Office No. OR 30108			
		AND: 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			
Jim Gope (AND)		Skamania County Title 509 427-5281			
SIGNATURE / POSITION		DATE			
J Gope Manager		10-18-06			
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 #	
SIGNATURE / POSITION				DATE	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			X	

**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 Kathy McKenzie VP

Signature of Additional Legal Owner and Title, IF APPLICABLE Riverview Community Bank

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington	Signed or attested before me on <u>10-18-06</u>
	County of <u>Skamania</u>	
	by <u>Kathy McKenzie</u> PRINT NAME OF LEGAL OWNER <u>RUC B</u>	Signature <u>[Signature]</u> NOTARY OF AGENT <u>James R. Copeland</u>
	by <u>[Signature]</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>James R. Copeland</u>
	Title <u>Notary</u>	AND: County/Office No. OR Dealer No. OR <u>9-15-07</u> Notary Expiration Date
	DEALERSHIP POSITION/AGENT/NOTARY	

**7 LAND DESCRIPTION** (A legal description of the land can be obtained from the local County Assessor's Office)

A TRACT OF LAND IN THE Northeast Quarter of the Northeast Quarter of Section 2, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Weber Short Plat recorded in book T of Short Plats, Page 19 Skamania County Records.

**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

☐ **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 Moser</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>
SIGNATURE <u>[Signature]</u>	DATE <u>10-24-06</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.