Doc # 2006163869

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Date: 12/01/2006 09:58A

Filed by: CLARK COUNTY TITLE

Filed & Recorded in Official Records
of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON

Fee: \$33.00

RETURN ADDRESS

1503 NE 78th	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		
CCF~TTT574	A_98665	 	
CCC IIIJ/4			

A. A							
		Manufa	ctured Hon	1e			HECK ONE
WASHINGTON STATE BE LICENS	ıcıv makes a f	Ap _l	Olication of a material fact is	guilty	REMOV	ER IN LO	CATION REAL PROPERTY
of a felony, and upo	on conviction	may be punish	ed by a fine, impriso	nment,	or both. (RCW	46.12.210)	
1 MANUFACTURE							<u> </u>
TPO/PLATE NUMBER &124461	1998	MAKE REDMA	LENGTH/WIDTH(FEET)		DENTIFICATION N 325972	UMBER (VIN)	
2 LAND		·	LEGAI	_ DESCF	IPTION ON P	AGE	
MANUFACTURED H	OME WILL BE		REMOVED	REAL F	05 19 0	1310	o o
	LOCK	N 1/	rsection/township/ra/2 Lots 1 & 2	SP1-	-69	ARTER/QUAR	FER SECTION
GRANTOR(S) RE	EGISTERED/L				NAMES ON PA	AGE FLEGAL OWN	-00
COUNTY NUMBER SKAMANIA		NOWBEH	OF REGISTERED OWNERS TWO	- //	ONE	r LEGAL OWN	
NAME OF REGISTERED OV		1	# A			DOL CUSTO	OMER ACCOUNT NUMBER
ERIC D. ERI				-7		DOL CUSTO	OMER ACCOUNT NUMBER
DEBORAH J.E	ERICKSON		CITY	1		STATE 2	ZIP CODE
431 HARDER	ROAD		WASHOUGAL	7	WA 986	71	1
NAME OF LEGAL OWNER AMERICAN GE	ENERAL)		DOL CUSTO	OMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEG			12			DOL CUST	OMER ACCOUNT NUMBER
ADDRESS 1901 NE 162	2nd AVENU	E #D108	CITY VANCOUVER		WA	STATE 2	ZIP CODE
GRANTEE	illa III.	3 "12100	- 1				
NAME STATE OF WA	ASHINGTON	DEPARTM	MENT OF LICENS	SING	7.7		
I DO SOLEMNLY AT VEHICLE AND THIS	TEST UNDER	PENALTY OF I	PERJURY THAT I / V E:	E AM/A	RE THE REGIS	TERED OV	WNER(S) OF THIS
Signature o	f Registered O	wner and Title,	IF APPLICABLE	m	grife	7	
Signature of Addition				w			
NOTARY SEAL OR S		NOTARIZA te of Washingto	TION/CERTIFICATIO	N FOR F	REGISTERED : Signed or		SIGNATURE
JAN SOUTH		County o	f CLARK		before	me on <u>//</u>	-18-06
NOTARY PL	BLIC L	ERIC D. E	ERICKSON EGISTERED OWNER		Signature	RY OR AGENT	Coulture
STATE OF WASH COMMISSION E	XPIRES 📗		J. ERICKSON		//	OUTHARD	
OCTOBER 10.	2010	PRINT NAME OF RE	GISTERED OWNER	 -	PRINTED NAME O	F NOTARY	o OR
	Titl		XY TION/AGENT/NOTARY			Dealer Nary Expiration	o. OR lo. OR 10/10/10 n Date
4 TITLE COMPANY	Y CERTIFICAT	· · · · · · · · · · · · · · · · · · ·			,,,,		
I certify that the legal NAME (TYPED OR PRINTE		he land and ow	nership is true and co		the real proper //PHONE NUMBE		·
SIGNATURE / POSITION							DATE
Finalize this applicat	tion with a Lice	ensing Agent w	ithin 10 calendar day	s of the	date Title Cor	npany Repr	esentative signs.
5 BUILDING PERM							
			been affixed to the ressued for this purpose				ed upon completion.
NAME (TYPED OR PRINTEI MARLON MORA	•		LDG PERMIT OFFICE/PHON 127 3920	NE#		BLDG PERMI 94*	
SIGNATURE / POSITION	Mod	BUII	DING INSPECT	OR		ID.	DATE - 24-06

		50011.6	EOTION 4						
MANUFACTU			MAKE	LENGTHWID	H/FEET)	VEHICLE IDEN	TIFICATION NUME	BER (VIN)	·
&124461	_	998	REDMA	28 🗸	52	11825			
6 SIGNATU	- -								
				ENT FOR ELI	MINATIC AMERI	ON OF TITLE	/ REMOVAL F	ROM RE	AL PROPERTY.
Sig	nature of Leg	al Owner a	ınd Title, IF APP	LICABLE	1		-	FINA	VCIAL REK
Signature of A	dditional Leg	al Owner a	nd Title, IF APP	LICABLE		/			
NOTARY S	EAL OR STAMP		NOTARI	ZATION/CEI	RTIFICA	TION FOR L	EGAL OWNE	R(S) SIG	NATURE
	EAL OR STAMP	ADIM:	NOTAHI e of Washington County of	CLA	RK	<	Signed or atte		18-00
NC	PAN WAS	HNGTON	PRIN NAME OF LEG	SELLI BALOWNER	ARS	Sign	atur Au	OF AGENT	ruthald
CC	MMISSION OCTOBER	0, 2010	S			JA	N SOUTHA	RD	
695	OCTUDE S	Title	PRINT NAME OF LEG	GAL OWNER	* _	PRIN	MIND.	y/Office N Dealer N	
			DEALERSHIP POSIT					Expiration	
7 LAND DE	SCRIPTION	(A legal o	lescription of t	he land can	be obta	ned from th	e local Coun	ty Asses	sor's Uffice)
in the The No Plat,	e County orth Hal	of Sk f of L n on t	amania, St ots 1 and he map the	tate of 2of the	Washi Davi	ngton. d and Je	ennette H	almer	e Meridian, Short of Short
1								_	
I CERTIFY		NFORMA	TION IS CORRE		HICLE IS	CLEAR OF	ENCUMBRA	NCES E	XCEPT AS SHOWN.
DEALER NAME (WA DEAL	EF NUMBER	DAT	E OF SALE
PURCHASE PRIC	. 4	,	ICTION/TAX RATE	DEALER'S AU	- 1				
USE	TAX EXEM	PT Sale t	o a Certified Tr	ibal member	on the	eservation (attach notari	zed state	ment of delivery).
			ENSING OFFIC						
I certify that the with the recor			ears to have bee	n completed	correctly	, and the app	icant has suffic	cient doc	umentation to proceed
NAME TYPED O	PRINTED)	lase	r			COUNTY	OFFICE/VFS OPE	PATOR NU	MBER V
SIGNATURE 10 TITLE FE	nga	m	even					DATE	12-1-06
FILING FEE		ICATION	MOBILE H	OME FEE	ELIMINAT	ION FEE	USE TAX		SUBAGENT FEES
MPORTANT	Licens Retair	ing Office proof of	cation has bee e, take your ap the recording plication form,	pplication fo fees paid. I	rm to th f the Re	e County R cording Off	ecording Office retains	ice.	TOTAL FEES & TAX
	APPLICA	M	nce recorded, lanufactured h censing subag	lome Applic	cation, p	aying all re			
			completing this						