

Doc # 2007165696  
Page 1 of 2  
Date: 04/12/2007 02:44P  
Filed by: SCHMIDHAMER AL  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$33.00

RETURN ADDRESS

AL SCHMIDHAMER  
PO BOX 68597  
DAR GROVE OR 97268

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 type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
%050724	1993	GUERDON	48X26	6DST0R309215006	
2 LAND					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				02-05-32-3-0-0300-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		2	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ALAN L. HARNESS					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
MARCELLA J. HARNESS					
ADDRESS				CITY STATE ZIP CODE	
431 422 LAUREL LANE				WASHUGAL WA 98671	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
SAME AS ABOVE					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS				CITY STATE ZIP CODE	
GRANTEE					
NAME					
STATE OF WASHINGTON, DEPT. 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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Clark					
Signed or attested before me on 4/10/07					
by Alan L. Harness					
PRINT NAME OF REGISTERED OWNER					
by Marcella J. Harness					
PRINT NAME OF REGISTERED OWNER					
Title Notary					
DEALERSHIP POSITION/AGENT/NOTARY					
Signature of Notary					
PRINTED NAME OF NOTARY					
County/Office No. OR Dealer No. OR					
AND: 11/29/2010					
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)		TITLE COMPANY / PHONE NUMBER			
James Copeland		Skamania county title 508 427-5681			
SIGNATURE / POSITION		DATE			
[Signature]		4-12-07			
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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
SIGNATURE / POSITION		DATE			

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER <b>9050724</b>	YEAR <b>1993</b>	MAKE <b>GOVERN</b>	LENGTH/WIDTH (FEET) <b>48 X 26</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>6D5T0R309215006</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 <u><b>NO L12NHPL022</b></u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u><b>NO L12NHPL022</b></u>					
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</small> Title _____ AND: _____ <small>DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date</small>			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
<b>LOTS 36, 37 AND 38 WASHUGAL RIVERSIDE TRACTS, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGE 80, RECORDS OF SKAMANIA COUNTY, WASHINGTON</b>					
<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>Angelo Moser</b>			COUNTY OFFICE/VFS OPERATOR NUMBER <b>30-01-08</b>		
SIGNATURE <b>Angelo Moser</b>			DATE <b>4-12-07</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.					
<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.