

Doc # 2007166524
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 Date: 06/18/2007 10:53A
 Filed by: DEBRA VAN CAMP
 Filed & Recorded in Official Records
 of SKAMANIA COUNTY
 SKAMANIA COUNTY AUDITOR
 J MICHAEL GARVISON
 Fee: \$33.00

RETURN ADDRESS
 Jeff + Debra Van Camp
 PO Box 216
 Carson WA 98610

STATE OF WASHINGTON
 Department of
Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
 TITLE ELIMINATION
 TRANSFER IN LOCATION
 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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2003	Fleetwood	14 X 54	# FLD24A24735BR13

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 03-08-17-4-0904

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
2		Clatimer Short Plat	-3-3-11

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	2

NAME OF REGISTERED OWNER Jeffrey + Debra Van Camp DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER PO Box 216 Carson WA 98610 ADDRESS CITY STATE ZIP CODE

NAME OF LEGAL OWNER Jeffrey + Debra Van Camp DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER Debra Van Camp DOL CUSTOMER ACCOUNT NUMBER
 ADDRESS PO Box 216 Carson WA 98610 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]*

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
 State of Washington County of Skamania Signed or attested before me on 5/16/07

PAMELA R. JOHNSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES OCTOBER 9, 2009	by Jeffrey Van Camp	Signature <i>[Signature]</i>
	PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT
	by Debra Van Camp	Signature <i>[Signature]</i>
	PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY
	DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10/9/09

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) James Copeland	TITLE COMPANY / PHONE NUMBER Skamania county title 509-427-5681
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SIGNATURE / POSITION *[Signature]* DATE 5-23-07

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: the manufactured home has been affixed to the real property as described.
 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)	
	2003	Fleetwood	14 X 54	# FLO 24A24735B213	

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 _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	PRINT NAME OF LEGAL OWNER	NOTARY OR AGENT
	by _____	
	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
Title _____	AND: County/Office No. OR	Dealer No. OR
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 2-C Latimer short plat Book 3
Page 8)

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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Angela Moser	30-01-08
SIGNATURE	DATE
Angela Moser	6-18-07

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.