

RETURN ADDRESS

Dwight & Tina Shannon
P.O. Box 1036
Washougal, WA 98671

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)	
Q143965	1998	Goldw	56 X 27	GW0RZ3N19741	
2 LAND					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				02-05-34-0-0-0811-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				S34.T2W.85E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30					
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Dwight K. Shannon					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Tina Shannon					
ADDRESS		CITY		STATE	ZIP CODE
P.O. Box 1036		Washougal		WA	98671
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
GRANTEE					
NAME					
State of Washington Department of License					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Dwight K. Shannon</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Tina Shannon</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania Signed or attested before me on 7-2-07			
		by Dwight K. Shannon		Signature <i>Angela Moser</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Tina Shannon		Signature <i>Angela Moser</i>	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title <i>Agent</i>		County/Office No. OR 30-01-08	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR	
				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			
Tina Shannon		Skamania Title 509-427-5851			
SIGNATURE / POSITION		DATE			
<i>Tina Shannon</i>		6-29-07			
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 checked="" 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					
TRQ / PLATE NUMBER B 143465	YEAR 1998	MAKE Goldw	LENGTH/WIDTH (FEET) 56X27	VEHICLE IDENTIFICATION NUMBER (VIN) GWOR23N19741	
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>[Signature]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <i>[Signature]</i>					
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of _____ Signed or attested before me on _____ 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>				
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 Southeast Quarter of the Southwest Quarter of Section 34, Township 2 North, Range 5 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the W. Jack Sprinkle Short Plat recorded in Book 2 of Short Plats, Page 83, 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			
<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 Maser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-08		
SIGNATURE <i>Angela Maser</i>			DATE 7-2-01		
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.					
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> 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. </div>					
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.