

Doc # 2007167016
Page 1 of 3
Date: 07/25/2007 02:21P
Filed by: SKAMANIA COUNTY AUDITOR
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$42.00

RETURN ADDRESS

Michael & Kimberly Taylor

982 Carson Creek Rd

Carson WA 98610

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input 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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2004	McKenzie	60 X 26	tkcstor270425423	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3-8-20-3-202					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
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					
Michael E. Taylor					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
Kimberly D. Taylor					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
982 Carson Creek Rd					
CITY					
Carson					
STATE					
WA					
ZIP CODE					
98610					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF LEGAL OWNER					
Michael E. Taylor					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
Kimberly D. Taylor					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
982 Carson Creek Rd					
CITY					
Carson					
STATE					
WA					
ZIP CODE					
98610					
GRANTEE					
NAME					
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					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of Skamania					
Signed or attested before me on March 16, 2005					
by Michael E. Taylor					
Signature					
Julie A. Andersen					
PRINT NAME OF REGISTERED OWNER					
NOTARY OR AGENT					
by Kimberly D. Taylor					
Signature					
Julie A. Andersen					
PRINT NAME OF REGISTERED OWNER					
PRINTED NAME OF NOTARY					
Title Notary					
County/Office No. OR 7-17-2006					
Dealer No. OR					
Notary Expiration Date					
DEALERSHIP POSITION/AGENT/NOTARY					
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					
Skamania County Title Co.					
SIGNATURE / POSITION					
DATE					
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 #					
Marlon Morat					
509-427-3920					
115-04					
SIGNATURE / POSITION					
DATE					
Marlon Morat Building Inspector					
7-13-07					

TD 420-729 MANUF HOME APPL (R/2/06) OR (W) Page 1 of 2

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 _____		NOTARY OR AGENT	
	by _____	PRINTED NAME OF NOTARY		County/Office No. OR	
	Title _____		AND: 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					
See attached Exhibit 'A'					
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) Santiam Homes			WA DEALER NUMBER	DATE OF SALE 4/24/04	
PURCHASE PRICE \$ 52,170.00	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE <i>James J. Smith</i>			
<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) Angela Moser			COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-08		
SIGNATURE <i>Angela Moser</i>			DATE 7-25-07		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>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.</p> </div> <p>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.</p>					

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.

EXHIBIT 'A'
LEGAL DESCRIPTION

That portion of the West Half of the Southwest Quarter of the Southwest Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, lying Southerly of the center of Carson Creek.

EXCEPTING THEREFROM that portion conveyed to David Nail et ux, by deed recorded February 17, 1989 in Book 113, Page 26, Auditor File No. 106582, Skamania County Deed Records.

ALSO EXCEPTING THEREFROM that portion in the Right of Way of Carson Creek County road, as dedicated on the Alan Bailey Short Plat, recorded in Book 2, Page 86, Skamania County Short Plat Records.

ALSO EXCEPT that portion conveyed to Skamania County by instrument recorded in Book 149, Page 853.

Unofficial Copy