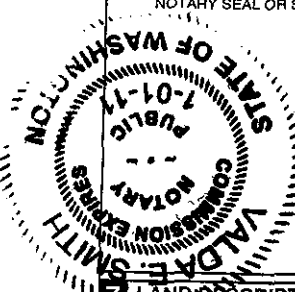


Doc # 2007167420
Page 1 of 2
Date: 08/28/2007 03:45P
Filed by: BRYAN HENRICHSEN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$41.00

RETURN ADDRESS

P.O. Box 476
N. Bonneville WA
98639

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)	
1.24167	1980	EMBSY	600 X 14	9472	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02-07-20-3-4-0700-00					
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		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Bryan R. Henrichsen					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Julia L. Henrichsen					
ADDRESS				CITY	STATE ZIP CODE
P.O. Box 476				North Bonneville	WA 98639
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
US Bank					
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 <u>Bryan Henrichsen</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Julia L. Henrichsen</u>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of <u>Skamania</u> Signed or attested before me on <u>8-28-07</u>					
by <u>Bryan R. Henrichsen</u> Signature <u>Angela Mose</u>					
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT					
by <u>Julia L. Henrichsen</u>					
PRINT NAME OF REGISTERED OWNER					
Title <u>Agent</u> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>8/28/08</u>					
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) <u>James E. Pope</u> TITLE COMPANY / PHONE NUMBER <u>509-427-5681</u>					
SIGNATURE / POSITION <u>James E. Pope</u> DATE <u>8-27-07</u>					
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					
TPO / PLATE NUMBER 9024167	YEAR 1980	MAKE EMBURY	LENGTH/WIDTH(FEET) 60X14	VEHICLE IDENTIFICATION NUMBER (VIN) 9472	
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 Cynthia J. Forslund US Bank Branch manager					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of Clark		Signed or attested before me on 8/27/07	
		by US Bank / PRINT NAME OF LEGAL OWNER		Signature Valda E. Smith NOTARY OR AGENT	
		by Cindy Forslund PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY Valda E. Smith	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 1/4/11 Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 7, Block 8, Plats of Relocated North Bonneville, recorded in Book B of Plats, Page 110, under Skamania County File No. 83466; also recorded in Book B of Plats, Page 32, under Skamania County File No. 84429, records of Skamania County, Washington.					
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) Angela Moser		COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-08			
SIGNATURE Angela Moser		DATE 8-28-07			
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.					