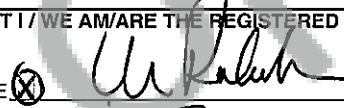


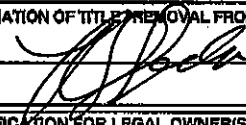
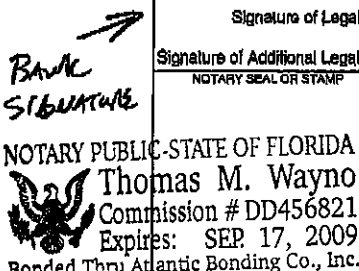



RETURN ADDRESS

WILLIAM & LISA ROBAK  
POB 560  
CARSON WA 9860

| WASHINGTON STATE DEPARTMENT OF LICENSING                                                                                                                                                                                                                           |                             | Manufactured Home Application       |                        | PLEASE CHECK ONE                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> TITLE ELIMINATION<br><input type="checkbox"/> TRANSFER IN LOCATION<br><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)                                                                                       |                             |                                     |                        |                                     |  |
| <b>1 MANUFACTURED HOME</b>                                                                                                                                                                                                                                         |                             |                                     |                        |                                     |  |
| TPO / PLATE NUMBER                                                                                                                                                                                                                                                 | YEAR                        | MAKE                                | LENGTH/WIDTH(FEET)     | VEHICLE IDENTIFICATION NUMBER (VIN) |  |
| \$79426                                                                                                                                                                                                                                                            | 1979                        | STONR                               | 56 X 24                | 0RFL2A91382098                      |  |
| <b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 3                                                                                                                                                                                                                          |                             |                                     |                        |                                     |  |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED                                                                                                                                                             |                             |                                     |                        |                                     |  |
| REAL PROPERTY TAX PARCEL NUMBER<br>04-07-27-0-0-0800-00                                                                                                                                                                                                            |                             |                                     |                        |                                     |  |
| LOT                                                                                                                                                                                                                                                                | BLOCK                       | PLAT NAME OR SECTION/TOWNSHIP/RANGE |                        | QUARTER/QUARTER SECTION             |  |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE                                                                                                                                                                                             |                             |                                     |                        |                                     |  |
| COUNTY NUMBER                                                                                                                                                                                                                                                      | NUMBER OF REGISTERED OWNERS |                                     | NUMBER OF LEGAL OWNERS |                                     |  |
| 30                                                                                                                                                                                                                                                                 | 2                           |                                     | 1                      |                                     |  |
| NAME OF REGISTERED OWNER<br>ROBAK, WILLIAM                                                                                                                                                                                                                         |                             |                                     |                        |                                     |  |
| DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                        |                             |                                     |                        |                                     |  |
| NAME OF ADDITIONAL REGISTERED OWNER<br>ROBAK, LISA                                                                                                                                                                                                                 |                             |                                     |                        |                                     |  |
| DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                        |                             |                                     |                        |                                     |  |
| ADDRESS CITY STATE ZIP CODE<br>PO BOX 560 CARSON WA 98610                                                                                                                                                                                                          |                             |                                     |                        |                                     |  |
| NAME OF LEGAL OWNER<br>WASHINGTON MUTUAL BANK                                                                                                                                                                                                                      |                             |                                     |                        |                                     |  |
| DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                        |                             |                                     |                        |                                     |  |
| NAME OF ADDITIONAL LEGAL OWNER                                                                                                                                                                                                                                     |                             |                                     |                        |                                     |  |
| DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                        |                             |                                     |                        |                                     |  |
| ADDRESS CITY STATE ZIP CODE<br>2273 N GREEN VALLEY PARKWAY STE #14 HENDERSON NV 89014                                                                                                                                                                              |                             |                                     |                        |                                     |  |
| <b>GRANTEE</b>                                                                                                                                                                                                                                                     |                             |                                     |                        |                                     |  |
| NAME<br>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 Skamania Signed or attested before me on July 20 <sup>th</sup> , 2007                                                                                                                                                                |                             |                                     |                        |                                     |  |
| by William Robak Signature                                                                                                                                                    |                             |                                     |                        |                                     |  |
| PRINT NAME OF REGISTERED OWNER                                                                                                                                                                                                                                     |                             |                                     |                        |                                     |  |
| by Lisa Robak Signature Amy Price                                                                                                                                                                                                                                  |                             |                                     |                        |                                     |  |
| PRINT NAME OF REGISTERED OWNER                                                                                                                                                                                                                                     |                             |                                     |                        |                                     |  |
| Title NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date July 1, 2010                                                                                                                                                                           |                             |                                     |                        |                                     |  |
| DEALERSHIP POSITION/AGENT/NOTARY                                                                                                                                                                                                                                   |                             |                                     |                        |                                     |  |
| <b>4 TITLE COMPANY CERTIFICATION</b>                                                                                                                                                                                                                               |                             |                                     |                        |                                     |  |
| 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                                                                                                                                                                                                               |                             |                                     |                        |                                     |  |
| SIGNATURE / POSITION DATE                                                                                                                                                                                                                                          |                             |                                     |                        |                                     |  |
| Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.                                                                                                                                           |                             |                                     |                        |                                     |  |
| <b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>                                                                                                                                                                                                                      |                             |                                     |                        |                                     |  |
| I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.<br><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                                                                                                                                                                                                                                          |                             |                                     |                        |                                     |  |
| SIGNATURE / POSITION DATE                                                                                                                                                                                                                                          |                             |                                     |                        |                                     |  |
| Marlon Morat, Inspector 8-30-07                                                                                                                                                                                                                                    |                             |                                     |                        |                                     |  |

|                                                                                                                                                                                                                                                                                                                              |              |                                                                                       |                               |                                                                |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------|---------------------------|
| <b>MANUFACTURED HOME - FROM SECTION 1</b>                                                                                                                                                                                                                                                                                    |              |                                                                                       |                               |                                                                |                           |
| TPO / PLATE NUMBER<br>S79426                                                                                                                                                                                                                                                                                                 | YEAR<br>1979 | MAKE<br>STONR                                                                         | LENGTHXWIDTH(Feet)<br>56 X 24 | VEHICLE IDENTIFICATION NUMBER (VIN)<br>ORFL2A91382098          |                           |
| <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                                                                                                                                                                                           |              |                                                                                       |                               |                                                                |                           |
| Signature of Additional Legal Owner and Title, IF APPLICABLE                                                                                                                                                                                                                                                                 |              |                                                                                       |                               |                                                                |                           |
| NOTARY SEAL OR STAMP                                                                                                                                                                                                                                                                                                         |              | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE                               |                               |                                                                |                           |
|                                                                                                                                                                                                                                              |              | State of Washington<br>County of <b>BREVARD</b>                                       |                               | Signed or attested before me on <b>8-30-07</b>                 |                           |
|                                                                                                                                                                                                                                                                                                                              |              | by  |                               | Signature <b>Thomas M. Wayno</b>                               |                           |
|                                                                                                                                                                                                                                                                                                                              |              | PRINT NAME OF LEGAL OWNER                                                             |                               | NOTARY OR AGENT                                                |                           |
|                                                                                                                                                                                                                                                                                                                              |              | by                                                                                    |                               | PRINTED NAME OF NOTARY                                         |                           |
| Title                                                                                                                                                                                                                                                                                                                        |              | DEALERSHIP POSITION/AGENT/NOTARY                                                      |                               | AND: County/Office No. OR Dealer No. OR Notary Expiration Date |                           |
| <b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>                                                                                                                                                                                                          |              |                                                                                       |                               |                                                                |                           |
| NE 1/4 SE 1/4 SEC 27, T4N, R7EWM                                                                                                                                                                                                                                                                                             |              |                                                                                       |                               |                                                                |                           |
| COMPLETE LEGAL DESCRIPTION ON PAGE 3                                                                                                                                                                                                                                                                                         |              |                                                                                       |                               |                                                                |                           |
| <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)<br>ANGELA MOSER                                                                                                                                                                                                                                                                                      |              | COUNTY OFFICE/OPS OPERATOR NUMBER<br>30-01-08                                         |                               |                                                                |                           |
| SIGNATURE                                                                                                                                                                                                                                                                                                                    |              |                                                                                       |                               | DATE                                                           |                           |
| <b>10 TITLE FEES</b>                                                                                                                                                                                                                                                                                                         |              |                                                                                       |                               |                                                                |                           |
| FILED FEE                                                                                                                                                                                                                                                                                                                    | APPLICATION  | MOBILE HOME FEE                                                                       | ELIMINATION FEE               | USE TAX                                                        | SUBAGENT FEES             |
|                                                                                                                                                                                                                                                                                                                              |              |                                                                                       |                               |                                                                | TOTAL FEES & TAX<br>49.00 |
| <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 (800) 902-3600 or TTY (360) 664-8886.

## Manufactured Home Application Attachment

### Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

**CHECK THE TYPE OF APPLICATION:**

- ☒ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

LAND: PROPERTY TAX PARCEL NUMBER: 04-07-27-0-0-0800-00

**LEGAL DESCRIPTION:**

LYING AND BEING LOCATED IN THE UNINCORPORATED AREA, COUNTY OF SKAMANIA,  
STATE OF WASHINGTON; ALL THAT CERTAIN PARCEL OR TRACT OF LAND KNOWN AS:

A PARCEL OF LAND WITHIN THE NE1/4 SE1/4 OF SECTION 27, TOWNSHIP 4 NORTH,  
RANGE 7 EAST, W.M., IN THE COUNTY OF SKAMANIA IN THE STATE OF WASHINGTON  
AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF LOT 3 OF THE WALTER MORAT SHORT PLAT  
AS SHOWN ON THE MAP THEREOF RECORDED APRIL 19, 1995 AT PAGE 266 IN BOOK 3  
OF SHORT PLATS, AUDITOR'S FILE NO. 122107, RECORDS OF SAID COUNTY, THENCE  
S 89 DEGREES 58' 57" W, 328.40 FEET TO THE SOUTHWEST CORNER THEREOF; THENCE  
N 01 DEGREES 01' 07" W, 173.22 FEET TO A POINT IN THE CENTER OF MARTHA CREEK  
ROAD; THENCE N 89 DEGREES 58' 57" E, 74.47 FEET; THENCE N 40 DEGREES 52' 19"  
E, 223.04 FEET; THENCE N 89 DEGREES 58' 57" E, 105.35 FEET TO A POINT ON  
THE EAST LINE OF SAID LOT 3; THENCE S 00 DEGREES 57' 20" E, 341.85 FEET  
ALONG SAID LINE TO THE POINT OF BEGINNING.