

RETURN ADDRESS

Amerititle

P.O. Box 735

White Salmon, WA 98672

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 checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 129136	YEAR 1998	MAKE GOLDWST	LENGTH/WIDTH(FEET) 56 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) GWOR23N21525	
2 LAND LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-0604-00	
LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE D & D SHORT PLAT		QUARTER/QUARTER SECTION SEC17/T3N R8E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER JOLENE L. EMERSON				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER TOBY D. EMERSON				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 52 COATES ROAD		CITY CARSON	STATE WA	ZIP CODE 98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME 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 OREGON County of HOOD RIVER Signed or attested before me on JUNE 22, 2007			
		TOBY D. EMERSON Signature of Registered Owner Signature of Notary or Agent ELAINE J. VINCENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date 4-8-08			
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			
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) Marlon Morat		BLDG PERMIT OFFICE/PHONE # 509-429-3900		BLDG PERMIT #	
SIGNATURE / POSITION Marlon Morat Building Inspector				DATE 9-20-07	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER &129136	YEAR 1998	MAKE GOLDWST	LENGTH/WIDTH(FEET) 56 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) GWOR23N21525
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 before me on _____ County of _____ by _____ Signature _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by _____ PRINTED NAME OF NOTARY _____ PRINT NAME OF LEGAL OWNER 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 Office)				
A tract of land in the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the D & D Short Plat recorded in Book 3 of Short Plats, Page 397, 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 Moser</i>		COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>		DATE <i>9-20-08</i>		
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: 10px auto; width: 80%;"> 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.