

RETURN ADDRESS

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**STATE OF WASHINGTON**  
 Department of  
**Licensing**

**MANUFACTURED HOME APPLICATION**

**PLEASE CHECK ONE**  
 TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 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) |
| %123098            | 1966 | BROAD | 52 X 20            | 9303225312                          |

**2 LAND** LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 02-06-34-0-0-0200-00

|     |       |                                     |                         |
|-----|-------|-------------------------------------|-------------------------|
| LOT | BLOCK | PLAT NAME OR SECTION/TOWNSHIP/RANGE | QUARTER/QUARTER-SECTION |
|     |       | 534, T2N, R6E                       |                         |

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE 2

|               |                             |                        |
|---------------|-----------------------------|------------------------|
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS |
| To            | 1                           | 1                      |

|                                     |                             |
|-------------------------------------|-----------------------------|
| NAME OF REGISTERED OWNER            | DOL CUSTOMER ACCOUNT NUMBER |
| RICHARD L. HART                     |                             |
| NAME OF ADDITIONAL REGISTERED OWNER | DOL CUSTOMER ACCOUNT NUMBER |
|                                     |                             |

|                                |                             |       |          |
|--------------------------------|-----------------------------|-------|----------|
| ADDRESS                        | CITY                        | STATE | ZIP CODE |
| PO BOX 312                     | NORTH BONNEVILLE            | WA    | 98639    |
| NAME OF LEGAL OWNER            | DOL CUSTOMER ACCOUNT NUMBER |       |          |
| RIVERVIEW COMMUNITY BANK       |                             |       |          |
| NAME OF ADDITIONAL LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER |       |          |
|                                |                             |       |          |

|                          |           |       |          |
|--------------------------|-----------|-------|----------|
| ADDRESS                  | CITY      | STATE | ZIP CODE |
| 17205 SE Mill Plain Blvd | Vancouver | WA    | 98683    |

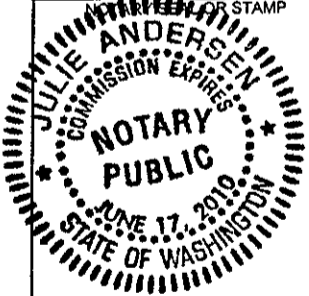
**GRANTEE**

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: *Richard L. Hart*

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 11/07/2007

by Richard L. Hart Signature Julie Andersen  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by \_\_\_\_\_  
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR \_\_\_\_\_ Dealer No. OR \_\_\_\_\_  
 DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date 06/17/2010

**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:  the manufactured home has been affixed to the real property as described.  
 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                           | 509-422-3920               |               |
| SIGNATURE / POSITION                   | DATE                       |               |
| <i>Marlon Morat</i> Building Inspector | 11-16-07                   |               |

| MANUFACTURED HOME - FROM SECTION 1 |      |       |                    |                                     |
|------------------------------------|------|-------|--------------------|-------------------------------------|
| TPO/PLATE NUMBER                   | YEAR | MAKE  | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) |
| 7123098                            | 1966 | BROAD | 52 X 20            | 9303225312                          |

**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]  
 Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

|   |   |  |
|---|---|--|
|   | <b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>                        |  |
|   | State of Washington<br>County of <u>Skamania</u>                                      | Signed or attested<br>before me on <u>11/13/07</u> |
|   | by <u>Kathy McKenzie</u><br>PRINT NAME OF LEGAL OWNER                                 | Signature <u>[Signature]</u><br>NOTARY OR AGENT    |
|   | by _____<br>PRINT NAME OF LEGAL OWNER   | PRINTED NAME OF NOTARY<br><u>Julie Andersen</u>    |
| Title <u>Notary</u><br>DEALERSHIP POSITION/AGENT/NOTARY | AND: County/Office No. OR<br>Dealer No. OR <u>6d17/2010</u><br>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 Northwest Quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Hart Short Plat recorded in Book 3 of Short Plats, Page 271, 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 |

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)<br><u>Angela Maser</u> | COUNTY OFFICE/VFS OPERATOR NUMBER<br><u>30-01-08</u> |
| SIGNATURE<br><u>[Signature]</u>                | DATE<br><u>11-20-07</u>                              |

**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.

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.

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