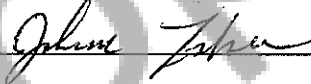
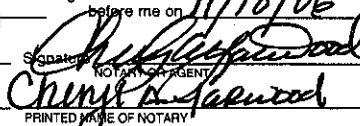
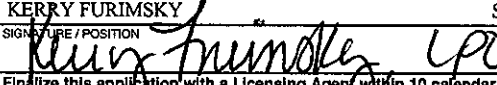
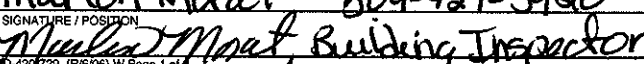


Doc # 2008168919
Page 1 of 2
Date: 02/07/2008 10:51A
Filed by: STEWART TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$43.00

RETURN ADDRESS

Stewart Title
2105 NE 129th #101
Vancouver, WA 98686

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	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1997	SKYLINE	28 X 40	33910707	
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 01-05-09-0-0-0300-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION SEC 9, T1N, R5E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER JOSHUA FISHER				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 2221 CANYON CREEK ROAD		CITY WASHOUGAL	STATE WA	ZIP CODE 98671	
NAME OF LEGAL OWNER WELLS FARGO BANK				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 2701 WELLS FARGO WAY		CITY MINNEAPOLIS	STATE MN	ZIP CODE 55467-0001	
GRANTEE					
NAME TO THE PUBLIC					
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 Clark		Signed or attested before me on 11/10/06			
JOSHUA FISHER PRINT NAME OF REGISTERED OWNER		Signature of Notary Public 			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Cheryl A. Garvison			
Title Notary		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 2-1-2007			
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) KERRY FURIMSKY		TITLE COMPANY / PHONE NUMBER STEWART TITLE 360-573-7000			
SIGNATURE / POSITION  LPO		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 # 509-427-3920		BLDG PERMIT # 123-01	
SIGNATURE / POSITION  Building Inspector		DATE 8-14-07			

MANUFACTURED HOME - FROM SECTION 1					
TYPE / PLATE NUMBER	MAKE	LENGTH / WIDTH / FEET	VEHICLE IDENTIFICATION NUMBER (VIN)		
1997	SKYLINE	28 X 40	33910707		
6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER / JOINTES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE: <i>Representative of Wells Fargo</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARIZATION / CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
State of Washington County of King			Signed or attested before me on 08/23/2007		
by <i>John Collins</i> PRINT NAME OF LEGAL OWNER			Signature <i>Cheryl Shaw</i> NOTARY OR AGENT		
Title <i>NOTARY</i> DEALERSHIP POSITION / AGENT / NOTARY			County / Office No. OR Dealer No. OR Notary Expiration Date 12/26/07		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
EXHIBIT 'A'					
The North Half of the Northeast Quarter of the Northwest Quarter of Section 9, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.					
EXCEPT that portion Conveyed to the State of 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)			COUNTY OFFICE / OPS OPERATOR NUMBER		
Angela Moser			30-01-08		
SIGNATURE			DATE		
<i>Angela Moser</i>			2-7-08		
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.					