
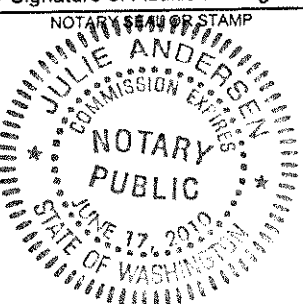


RETURN ADDRESS

JAMES & MARY JEFFERSON
 PO BOX 143
 NORTH BONNEVILLE, WA 98639

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
+463807	2007	FLEET	28 X 70	ORFL748A31665	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				LEGAL DESCRIPTION ON PAGE <u>2</u> REAL PROPERTY TAX PARCEL NUMBER 02-07-21-0-0-0600-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				NE 1/4 SEC 20 T2N R7E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER Jo		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER JAMES M. JEFFERSON				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER MARY A. JEFFERSON				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS PO BOX 143		CITY NORTH BONNEVILLE		STATE ZIP CODE WA 98639	
NAME OF LEGAL OWNER RIVERVIEW COMMUNITY BANK				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER		ADDRESS PO BOX 872290		CITY STATE ZIP CODE VANCOUVER WA 98687-2290	
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 <i>James M. Jefferson</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>April 1, 2008</u>			
by <u>James M. Jefferson</u>		Signature <u>Julie Andersen</u>			
by <u>Mary A. Jefferson</u>		PRINTED NAME OF NOTARY Julie Andersen			
Title <u>Notary</u>		AND: County/Office No. OR Dealer No. OR <u>6/17/2010</u> Notary Expiration Date			
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 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) DAVID NAIG				BLDG PERMIT OFFICE/PHONE # 509-427-8182	
SIGNATURE / POSITION <i>David Naig</i>				BLDG PERMIT # DATE 4/18/08	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER +463807	YEAR 2007	MAKE FLEET	LENGTH/WIDTH(FEET) 70X28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL748A31665	
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 <i>[Signature]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>April 7, 2008</u>		
	by <u>Kathy McKenzie</u> PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT		
	by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Julie Andersen</u>		
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR _____ Dealer No. OR <u>617/2010</u> Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A Parcel of land in the Northeast Quarter of Section 20, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the J & M Jefferson Short Plat, recorded June 28, 2006 in Auditor File No. 2006162121, 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) <u>Angela Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>4-23-08</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.					
<div style="border: 1px solid black; padding: 5px;"> 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.