AFN #2008169690 Recorded 04/24/08 at 09:58 AM DocType: MFHOME Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 5 Auditor J. Michael Garvison Skamania County, WA

RETURN ADDRESS

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10 TITLE FEES SUBAGENT FEES, ELIMINATION FEE MOBILE HOME FEE APPLICATION ILING FEE TOTAL FEES & TAX 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. MPORTANT: Once recorded, you must return to a Vehicle Licensing office to file the APPLICANTS:

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 cal (360) 902-3600 or TTY (360) 664-8885. AFN #2008169690 Page: 3 of 5

SIGNATURE / POSITION

I certify that:

NAME (TYPED OR PRINTED

5 BUILDING PERMIT OFFICE CERTIFICATION

Pono, & Jody Moreau

98 M PLEASE CHECK ONE STATE OF WASHINGTON MANUFACTURED HOME ☐ TITLE ELIMINATION APPLICATION *|ICENSING* 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 LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) TPO / PLATE NUMBER MAKE 2008 LEGAL DESCRIPTION ON PAGE 2 LAND REAL PROPERTY TAX PARCEL NUMBER 03-08-28-2-2-0308-00 MANUFACTURED HOME WILL BE XX AFFIXED TREMOVED QUARTER/QUARTER SECTION PLAT NAME OR SECTION/TOWNSHIP/RANGE LOT BLOCK 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE NUMBER OF REGISTERED OWNERS COUNTY NUMBER DOL CUSTOMER ACCOUNT NUMBER NAME OF REGISTERED OWNER Rene D. Moreau
NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER Jody L. Moreau ZIP CODE ADDRESS CITY DOL CUSTOMER ACCOUNT NUMBER NAME OF LEGAL OWNER M&T Bank DOL CUSTOMER ACCOUNT NUMBER NAME OF ADDITIONAL LEGAL OWNER CITY STATE ZIP CODE ADDRESS Ste 290 OR 97035 Lake Oswego 5285 SW Meadows Road, GRANTEE 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: oreau Signature of Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY STAMP
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PUBLIC NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested State of Washington before me on 02 camaCounty of S PUBLIC UNE 17. STATE OF WAS TANY OF WASH County/Office No. OR Dealer No. OR AND: 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. TITLE COMPANY / PHONE NUMBER NAME (TYPED OR PRINTED)

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

BLDG PERMIT OFFICE/PHONE #

-427-3920

the manufactured home has been affixed to the real property as described.

I a building permit has been issued for this purpose and the attachment will be inspected upon completion.

BLDG PERMIT #

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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

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