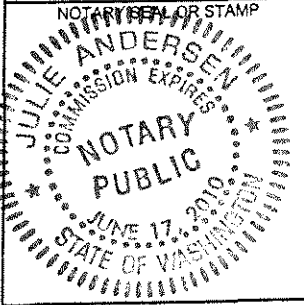
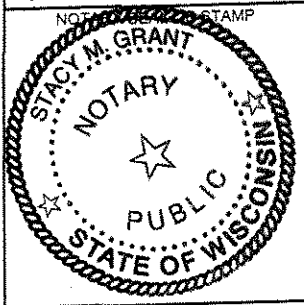


RETURN ADDRESS

Erron & Traci Cain
PO Box 360
North Bonneville, WA 98639

STATE OF WASHINGTON 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)	
%39270	1982	SANDP	66 X 14	ORFL1AB39383068	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02-06-33-0-0-0802-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				NW 1/4 SEC 33 T2N R6E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ERRON J. CAIN					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
TRACI L. CAIN					
ADDRESS		CITY		STATE	ZIP CODE
PO Box 360		North Bonneville		WA	98639
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Wells Fargo Bank, N.A.					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
200 Woodland Prime, 1st Floor		Menomonee Falls		WI	53051
GRANTEE					
NAME <u>Department of Licensing</u>					
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 <u>Erron J. Cain</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Traci L. Cain</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington <u>Skamania</u>		Signed or attested before me on <u>April 1, 2008</u>	
		County of <u>Skamania</u>			
		by <u>Erron J. Cain</u>		Signature <u>Julie Andersen</u>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by <u>Traci L. Cain</u>		PRINTED NAME OF NOTARY <u>Julie Andersen</u>	
PRINT NAME OF REGISTERED OWNER		Title <u>Notary</u>		AND: County/Office No. OR <u>6417/200</u>	
DEALERSHIP POSITION/AGENT/NOTARY				Dealer No. OR	
				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 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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
<u>Marlon Morat</u>		<u>509-427-3920</u>			
SIGNATURE / POSITION				DATE	
<u>Marlon Morat, Building Inspector</u>				<u>4-29-08</u>	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER <u>1/59270</u>	YEAR <u>1982</u>	MAKE <u>SANDP</u>	LENGTH/WIDTH(FEET) <u>66 X 14</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>ORFL1ABJ9585068</u>	
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 <u>WELLS FARGO BANK N.A. Holly Goven</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of <u>WISCONSIN</u>		Signed or attested before me on <u>4-9-08</u>		
	County of <u>WAUKESHA</u>		Signature: <u>Stacy M Grant</u>		
	by <u>HOLLY GOVEN - WELLS FARGO BANK N.A.</u> PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT		
	by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Stacy M Grant</u>		
Title _____		AND: County/Office No. OR _____ Dealer No. OR <u>3-20-201</u> Notary Expiration Date			
DEALERSHIP POSITION/AGENT/NOTARY					
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 Southeast Quarter of the Northwest Quarter of Section 33, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows: Lot 2 of the White Short Plat recorded in Book 3 of Short Plats, Page 63, Skamania County Short Plat 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>36-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>5-15-08</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.					
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.