AFN #2008169914 Recorded 05/15/08 at 02:32 PM DocType: MFHOME Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

RETURN ADDRESS				
Erron & Traci Ca	<u>in</u>		•	
PO Box 360				
North Bonneville	, WA 98639		<u>.</u>	
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STATE OF WASHINGTON Department of	MANUF	ACTURED H	IOME MATE	PLEASE CHECK ONE LE ELIMINATION
licensin		PLICATION	□TRA	NSFER IN LOCATION
	m kao a faica etatement	of a material fact is	aulity	OVAL FROM REAL PROPERTY
of a felony, and upon con	viction may be punish	ed by a fine, impris	onment, or both. (RCW 46.12.210)
MANUFACTURED HO		LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICAT	TON NUMBER (VIN)
PO / PLATE NUMBER YEAR YEAR 1	982 SANDP	66 X 14	ORFL1AB393	383068
LAND		LEGA	L DESCRIPTION C	
MANUFACTURED HOME	WILL BE 1 AFFIXED	REMOVED	02-06-33	AX PARCEL NUMBER -0-0-0802-00
OT BLOCK		R SECTION/TOWNSHIP/RA	NGE	QUARTER/QUARTER SECTION
				NW½ SEC33 T2N R6E
GRANTOR(S) REGIST	RED/LEGAL OWNER	(S) ADDI OF REGISTERED OWNERS	TIONAL NAMES O	BER OF LEGAL OWNERS
OUNTY NUMBER		6.4	v.,	
AME OF REGISTERED OWNER		4 N 44 N		DOL CUSTOMER ACCOUNT NUMBER
ERRON J. CAIN	D OWNED			DOL CUSTOMER ACCOUNT NUMBER
RACI L. CAIN	DOWNER	\mathcal{I}	*	
DDRESS		CITY		STATE ZIP CODE
PO Box 360		North Bonne	eville	WA 98639 DOL CUSTOMER ACCOUNT NUMBER
AME OF LEGAL OWNER Vells Fargo Bank,	N A	7 .	- 4	
AME OF ADDITIONAL LEGAL OWN	ER .			DOL CUSTOMER ACCOUNT NUMBER
		CITY		STATE ZIP CODE
odress 200 Woodland Prin	e. 1st Floor	Menomone	e Falls	WI 53051
GRANTEE				
AME DEPORTEMEN	r of L	censing	l. 31	
DO SOLEMNI Y ATTEST	INDER PENALTY OF	ERJURY THAT I / V	VE AM/ARE THE R	EGISTERED OWNER(S) OF THIS
EHICLE AND THIS INFOR	MATION IS ACCURAT	E:	(-11/1	
Signature of Regis	ered Owner and Title, I	F APPLICABLE		1-12
ignature of Additional Regis	tered Owner and Title, I	F APPLICABLE	La T	
NOTARY PENLOP, STAMP	NOTARIZAT	ION/CERTIFICATIO		ED OWNER(S) SIGNATURE
NDERS SALES	State of Washington	3kamani	Signed be	or attested April 2008
	J County of			Daillit Andus
S.B.NOTARY .**	by PRINT NAME OF RE	GISTERED OWNER	Signature	IOTARY OR AGENT
PUBLIC ST	In Traci	L. Cain		he Hydersen
ONE NAME OF	PRINT NAME OF RE	GISTERED OWNER		County/Office No. OR
THE OF VINE IN	Title	ON/AGENT/NOTARY)	AND:	Dealer No. OR Off Bottle Notary Expiration Date
TITLE COMPANY CERT	IEICATION			t records
ertify that the legal descrip	tion of the land and owr	nership is true and co	COMPANY / PHONE NU	MBER
ME (TYPED OR PRINTED)	•	,,,		
GNATURE / POSITION				DATE
		thin 10 calandar day	s of the date Title	Company Representative signs.
DUILDING DEPMIT OFF	ICE CERTIFICATION			
		been affixed to the re	al property as desc	ribed.
Certify triat.	ding permit has been is	sued for this purpose DG PERMIT OFFICE/PHON	and the attachmen	t will be inspected upon completion. BLDG PERMIT #
MO V ON MOV		09-427-39	<u> 20</u>	DATE:
GNATURE / POSITION	7 / 0	1) := = 7 ===	- In-	U-29-08
// 31 / //	In DA MICE	$OKU \cap OOODI$	DC & DY	

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A Section of Market		•	•				
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6 SIGNATURE OF LEGAL SIGNATURE OF LEGAL	GAL OWNER	TES CONSENT FOR	ELIMINATION OF	TITLE / REMO	VAL FROM	REAL PRO	PEF
			Wells FAR	BOBANK /	V.A. L	tolly l	12)
Signature of Le	egal Owner and Tit	tie, IF APPLICABLE .	Wellstin	000000000000000000000000000000000000000			J
Signature of Additional Le	egal Owner and Ti	tle, IF APPLICABLE			(0) 01	MATURE	_
ALC: TANK	(P	NOTARIZATION/C		OR LEGAL OW Signed or		// A A	÷
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1 × 23	by HO	NAME OF LEGAL OWNER	EUS PRESOL	NOTA	RY OR AGE/IT		
	SA by			STOR CEL	M ()	CAUT_	
Barring Supring	PRINT	NAME OF LEGAL OWNER		AND	unty/Office 4 Decler-1	ю . ОК О́ ~ <	<u>)()-</u>
Sept. E OF	Title	RSHIP POSITION/AGENT/	NOTARY	No	tary Expiratio	n Date	
7 LAND DESCRIPTIO	N (A legal desc	ription of the land	can be obtained	from the loca	County A	ssessor's C	THIC
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