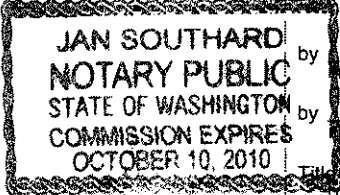



RETURN ADDRESS

CLARK COUNTY TITLE  
1503 NE 78th STREET #12  
VANCOUVER, WA 98665  
ATTN: JAN #120676

| WASHINGTON STATE DEPARTMENT OF LICENSING   |                             | Manufactured Home Application                                |                              | PLEASE CHECK ONE  |  |
|--|-----------------------------|--|------------------------------|---|--|
|  |                             |  |                              | <input checked="" type="checkbox"/> TITLE ELIMINATION<br><input type="checkbox"/> TRANSFER IN LOCATION<br><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)   |                             |  |                              |   |  |
| <b>1 MANUFACTURED HOME</b>   |                             |  |                              |   |  |
| TPO / PLATE NUMBER   | YEAR                        | MAKE   | LENGTH/WIDTH/FEET            | VEHICLE IDENTIFICATION NUMBER (VIN)   |  |
|  | 2008                        | GLDNWEST   | 52X 28                       | ALB032439OR   |  |
| <b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 2  |                             |  |                              |   |  |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED   |                             |  |                              | REAL PROPERTY TAX PARCEL NUMBER<br>04073500100400   |  |
| LOT  | BLOCK                       | PLAT NAME OR SECTION/TOWNSHIP/RANGE                          |                              | QUARTER/QUARTER SECTION   |  |
| 2  | SP2-169                     |  |                              |   |  |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE   |                             |  |                              |   |  |
| COUNTY NUMBER  | NUMBER OF REGISTERED OWNERS |  | NUMBER OF LEGAL OWNERS       |   |  |
| SKAMANIA   | 2                           |  | 1                            |   |  |
| NAME OF REGISTERED OWNER   |                             |  |                              | DOL CUSTOMER ACCOUNT NUMBER   |  |
| DARIN D. MCLEMORE  |                             |  |                              |   |  |
| NAME OF ADDITIONAL REGISTERED OWNER  |                             |  |                              | DOL CUSTOMER ACCOUNT NUMBER   |  |
| TINA MCLEMORE  |                             |  |                              |   |  |
| ADDRESS  |                             | CITY   | STATE                        | ZIP CODE  |  |
| 252 BLACKLEDGE ROAD  |                             | CARSON   | WA                           | 98610   |  |
| NAME OF LEGAL OWNER  |                             |  |                              | DOL CUSTOMER ACCOUNT NUMBER   |  |
| GB MORTGAGE, LLC   |                             |  |                              |   |  |
| NAME OF ADDITIONAL LEGAL OWNER   |                             |  |                              | DOL CUSTOMER ACCOUNT NUMBER   |  |
|  |                             |  |                              |   |  |
| ADDRESS  |                             | CITY   | STATE                        | ZIP CODE  |  |
| 6950 SW HAMPTON #200   |                             | TIGARD   | OR                           | 97223   |  |
| <b>GRANTEE</b>   |                             |  |                              |   |  |
| NAME   |                             |  |                              |   |  |
| STATE OF WASHINGTON-DEPARTMENT 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   |                             |  |                              | Darin D. Mclemore   |  |
| Signature of Additional Registered Owner and Title, IF APPLICABLE  |                             |  |                              | Tina Mclemore   |  |
| NOTARY SEAL OR STAMP   |                             | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE |                              |   |  |
|   |                             | State of Washington  |                              | Signed or attested before me on   |  |
|  |                             | County of CLARK  |                              | 7-9-08  |  |
|  |                             | by DARIN D. MCLEMORE   |                              | Signature Jan Southard  |  |
|  |                             | PRINT NAME OF REGISTERED OWNER                               |                              | NOTARY OR AGENT   |  |
| by TINA MCLEMORE   |                             | JAN SOUTHARD   |                              |   |  |
| PRINT NAME OF REGISTERED OWNER   |                             | PRINTED NAME OF NOTARY                                       |                              |   |  |
| by NOTARY  |                             | County/Office No. OR   |                              |   |  |
| DEALERSHIP POSITION/AGENT/NOTARY   |                             | AND: Dealer No. OR 10/10/10                                  |                              |   |  |
|  |                             | Notary Expiration Date                                       |                              |   |  |
| <b>4 TITLE COMPANY CERTIFICATION</b>   |                             |  |                              |   |  |
| 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.   |                             |  |                              |   |  |
| <b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>  |                             |  |                              |   |  |
| I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.<br><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 #   |  |
| Marlon Morat   |                             | 509-427-3920   |                              | BP-66-08  |  |
| SIGNATURE / POSITION   |                             | DATE   |                              |   |  |
| Marlon Morat, Building Inspector   |                             | 7-16-08  |                              |   |  |

| MANUFACTURED HOME - FROM SECTION 1   |                           |   |                    |  |               |
|--|---------------------------|---|--------------------|--|---------------|
| TPO / PLATE NUMBER   | YEAR                      | MAKE  | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN)            |               |
|  | 2008                      | GLDNWEST  | 62 X 28            | ALB032439OR                                    |               |
| <b>6 SIGNATURE OF LEGAL OWNER</b>  |                           |   |                    |  |               |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY.  |                           |   |                    |  |               |
| Signature of Legal Owner and Title, IF APPLICABLE <u>GB MORTGAGE, LLC</u> (signature) <u>Ops. Mgr.</u> (title)   |                           |   |                    |  |               |
| Signature of Additional Legal Owner and Title, IF APPLICABLE   |                           |   |                    |  |               |
| NOTARY SEAL OR STAMP   |                           | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE |                    |  |               |
|  <p>OFFICIAL SEAL<br/>DEBBIE HESLEN<br/>NOTARY PUBLIC - OREGON<br/>COMMISSION NO. 410835<br/>MY COMMISSION EXPIRES OCTOBER 16, 2010</p>  |                           | State of <del>Washington</del> OREGON                   |                    | Signed or attested before me on <u>7/11/08</u> |               |
|  |                           | County of <u>Washington</u>                             |                    |  |               |
|  |                           | by <u>SUSAN STRIEFF</u>                                 |                    | Signature <u>Debbie Heslen</u>                 |               |
|  |                           | PRINT NAME OF LEGAL OWNER                               |                    | NOTARY OR AGENT                                |               |
|  |                           | by  |                    | PRINTED NAME OF NOTARY                         |               |
| Title  |                           | County/Office No. OR                                    |                    | AND: Dealer No. OR                             |               |
| DEALERSHIP POSITION/AGENT/NOTARY   |                           | Notary Expiration Date                                  |                    | <u>10-16-10</u>                                |               |
| <b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>  |                           |   |                    |  |               |
| LOT 2 OF THE SAMUEL F. W. HOLLENBERRY SHORT PLAT, RECORDED IN BOOK '2' OF SHORT PLATS, PAGE 169, RECORDS OF SKAMANIA COUNTY, WASHINGTON.   |                           |   |                    |  |               |
| <b>8 DEALER'S REPORT OF SALE</b>   |                           |   |                    |  |               |
| 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                                   |               |
| COLUMBIA MANUFACTURED HOMES  |                           | <u>602-062-232</u>                                      |                    | <u>3/7/08</u>                                  |               |
| PURCHASE PRICE   | TAX JURISDICTION/TAX RATE | DEALER'S AUTHORIZED SIGNATURE                           |                    |  |               |
| \$60633.00   | 7.0                       | <u>Michelle Walcott</u>                                 |                    |  |               |
| <input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).   |                           |   |                    |  |               |
| <b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>  |                           |   |                    |  |               |
| 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/VFS OPERATOR NUMBER                       |                    |  |               |
| <u>Angela Moser</u>  |                           | <u>30-0608</u>  |                    |  |               |
| SIGNATURE  |                           | DATE  |                    |  |               |
| <u>Angela Moser</u>  |                           | <u>7-30-08</u>  |                    |  |               |
| <b>10 TITLE FEES</b>   |                           |   |                    |  |               |
| FILING FEE   | APPLICATION               | MORILE HOME FEE   | ELIMINATION FEE    | USE TAX  | SUBAGENT FEES |
|  |                           |   |                    |  |               |
| TOTAL FEES & TAX   |                           |   |                    |  |               |
| <b>IMPORTANT:</b> 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. |                           |   |                    |  |               |
| <b>APPLICANTS:</b> 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.