AFN #2009172914 Recorded 05/20/09 at 03:33 PM DocType: MFHOME Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County,

RETURN ADDRESS						
CLARK C	OUNTY T	TLE COMPA	****			
		Ave, B2202	e has			
		A 98686 134-607				
Betal	Jaux "	1244-607				
				180		
##						
washington state of LICEN: Anyone who knowing of a felony, and upon	SING ngly makes a	Approximate Approximately Appr		guilty	XTITLE ELIMIN ☐TRANSFER IN ☐REMOVAL FF	N LOCATION ROM REAL PROPERT
MANUFACTURE	D HOME	things of the same		bereiking a Section With channes and benchman an annual		
TPO / PLATE NUMBER	YEAR 2008	KÄRSTEN	LENGTH/WIDTH(FEET) 66 X 26	VEHICLE ID	ENTIFICATION NUMBER 294100R	(VIN)
2 LAND	***************************************		and the same of th	L DESCRI	PTION ON PAGE	
MANUFACTURED H	IOME WILL B	E XXAFFIXED	REMOVED	,	OPERTY TAX PARCEL N 2053000030 1	
LOT -) B	LOCK	PLAT NAME OF	R SECTION/TOWNSHIP/RA	ANGE	QUARTER	QUARTER SECTION
GRANTOR(S) RI	EGISTERED/	THE PERSON NAMED AND POST OF THE PERSON NAMED IN THE PERSON NAMED	cingo Siracé		AMES ON PAGE	
COUNTY NUMBER	The state of the s	and the second section of the second	OF REGISTERED OWNERS	Particular makes and description described assessed	NUMBER OF LEGAL	The state of the s
SKAMANIA NAME OF REGISTERED OV	WNER				1 DOL	CUSTOMER ACCOUNT NUMBER
BRETT EAKINS		No. 000000000000000000000000000000000000				
NAME OF ADDITIONAL REC		R	K 7	- 79	DOL	CUSTOMER ACCOUNT NUMBER
ADDRESS			CITY		STATE	ZIP CODE
162 PANDA RO	DAD	WASHOU	GAL WA	98671		CUSTOMER ACCOUNT NUMBER
TAYLOR, BEAN	ATIHWS N	CER MORTGAG	E CORP			
NAME OF ADDITIONAL LEG	BAL OWNER				DOL.	CUSTOMER ACCOUNT NUMBER
ADDRESS		**************************************	CITY		STATE	ZIP CODE
1417 N MAGNO	DLIA AVEN	IUE	OCALA		FL	34475-9078
NAME						2007 10 10 10 10 10 10 10 10 10 10 10 10 10
STATE OF WAS						
VEHICLE AND THIS	INFORMATIO	N IS ACCURATI	ERJURY THAT I/W E:	VE AM/ARE	THE REGISTERE	D OWNER(S) OF THIS
Signature o	f Registered (Owner and Title, I	APPLICABLE	rett Ea	ikins	
Signature of Additions	al Registered (Owner and Title, I	E ADDI ICADI E	ebecca	Jepieca Ca	12
NOTARY SEAL OR ST	AMP	NOTARIZAT	ION/CERTIFICATIO		GISTERED OWNE	R(S) SIGNATURE
		ate of Washingtor County of	CLARK		Signed or attested before me or	
NOTARY	DGAN	X		many many many processing the second second		120 -
W OTATE OF W	a Pristanto	BRETT EA		Sig	gnature O	GENT
COMMISSIO MAY 19	N EXPIRES	REBECCA			C. 11090	7/7
		PRINT NAME OF REC	SISTERED OWNER	PR	INTED NAME OF NOTAR	RY fice No. OF
	Tit	le NOTARY DEALERSHIP POSITI	ON/AGENT/NOTARY		AND: Dea	aler No. OR - iration Date 5/16/10/01)
4 TITLE COMPANY					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and the state of t
I certify that the legal of NAME (TYPED OR PRINTED		the land and own			e real property reco	rds.
SIGNATURE / POSITION	mana tanta da tanta da tanta bata bata bata bata bata bata ba	the state of the second			arrows and the second s	DATE
	The state of the s					
Finalize this applicati BUILDING PERM			hin 10 calendar day	s of the da	ite Title Company I	Representative signs.
The state of the s	*************	*	peen affixed to the re	al property	as described	and the state of t
I certify that:	a building pe	ermit has been iss	sued for this purpose	and the att	achment will be ins	pected upon completion.

BLDG PERMIT OFFICE/PHONE # 509-427-3920 BLDG PERMIT #
BP-204 ~08'
DATE
5-20-0

AFN #2009172914 Page: 2 of 2

MANUFACTURED HOME - FR	OM SECTION 1			1.174.16.1
TPO / PLATE NUMBER YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER	R (VIN)
2008	KARSTEN	1 66X 26	STH03941,	90K
SIGNATURE OF LEGAL O	WNER			
SIGNATURE OF LEGAL OWNE Signature of Legal Ov		TAYLOR BE	an & WHITAKER MOI Linethy, V	om real property. RIGAGE CORP ICL PRESIDENT (title)
Signature of Additional Legal Ov	vner and Title, IF APPL	ICABLE		
NOTARY SEAL OR GOAL	NOTARIZ	ATION/CERTIFICAT	ON FOR LEGAL OWNER(S) SIGNATURE
313119	Site of thirty of	- <u>Cobb</u> - (AAT)	Signed or attests before me of	5/6/2009
\$ 40TM	A AME OF EG	ALOWNER SERVI	A774/Signature MU NOTARY OR	Def Dewon
20 70	PRINTNAL OCLEG	ARY	AND: D	RY Office No. OR 5//7//2 ealer No. OR 5//7//2 piration Date
		ON/AGENT/NOTARY		
LAND DESCRIPTOMAN	gat pescuption of th	e land can be obtain	ed from the local County	Assessor s Office)
LOT 2 OF THE CT			ED IN BOOK 2 OF S	HORT PLATS,
DEALER'S REPORT OF SA	ALE		<u> </u>	
I CERTIFY THAT THIS INFOI ANY REQUIRED SALES TA			CLEAR OF ENCUMBRANC	ES EXCEPT AS SHOWN.
DEALER NAME (TYPED OR PRINTED) SANTIAM HOMES		1	WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE TAX JI	URISDICTION/TAX RATE	DEALER'S AUTHORIZED S	GNATURE	
USE TAX EXEMPT S	ale to a Certified Trib	al member on the re	servation (attach notarized	statement of delivery).
O COUNTY AUDITOR/AGENT	LICENSING OFFICE	APPROVAL: (Not for	or use by Subagents)	
I certify that the above application with the recording of this form.	appears to have been	completed correctly, a	nd the applicant has sufficier	it documentation to proceed
NAME (PYRED OR PRINTED) SIGNATURE	Brien	2	30-01-	DATE
TO TITLE FEES	· 0/2-3			3-20-09
FILING FEE APPLICATION	N MOBILE HON	IE FEE ELIMINATIO	N FEE USE TAX	SUBAGENT FEES
Licensing C Retain proo	Office, take your app of of the recording fe	lication form to the es paid. If the Reco	ounty Auditor / Vehicle County Recording Office ording Office retains by of the recorded form.	TOTAL FEES & TAX
APPLICANTS:	Manufactured Ho		Vehicle Licensing office ring all required fees. Ver ree.	
			ation, Removal from Rea Home Application Instru	