

RETURN ADDRESS

Gerald Rowley
P.O. Box 1017
Washougal, Wa.
98671

WASHINGTON STATE 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)	
	2002	GE661L	66 X 41	GWOR23N25629ABC	
2 LAND LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02-05-26-0-0-2200-00	
LOT	BLOCK	PLAT NAME OR SECTION / TOWNSHIP / RANGE		QUARTER / QUARTER SECTION	
1		S26, T2N, R5E		SOUTHEAST	
3 GRANTOR(S) REGISTERED / LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		2	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
GERALD R. ROWLEY					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
GEORGIA L. ROWLEY					
ADDRESS		CITY		STATE ZIP CODE	
42 VICTORIA LANE		WASHOUGAL		WA 98671-6650	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
GERALD R. ROWLEY					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
GEORGIA L. ROWLEY					
ADDRESS		CITY		STATE ZIP CODE	
42 VICTORIA LANE		WASHOUGAL		WA 98671-6650	
GRANTEE					
NAME GERALD R. ROWLEY AND GEORGIA L. ROWLEY					
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 <i>[Signature]</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>[Signature]</i>					
NOTARY SEAL OR STAMP		NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skamania</u> Signed or attested before me on <u>5-21-09</u> by <u>Gerald Ray Rowley</u> Signature <u>[Signature]</u> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by <u>Georgia Lee Rowley</u> PRINT NAME OF REGISTERED OWNER Title <u>Agent</u> PRINTED NAME OF NOTARY DEALERSHIP POSITION / AGENT / NOTARY AND: County / Office No. OR Dealer No. OR Notary Expiration Date <u>30-6103</u>			
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		DATE	
<u>Jim Spelard</u>		<u>SKAMANIA County Title</u>		<u>5-15-09</u>	
SIGNATURE / POSITION					
<u>Jim Spelard</u> owner					
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>Mardon Morat</u>		<u>509-427-3920</u>		<u>106-01</u>	
SIGNATURE / POSITION				DATE	
<u>Mardon Morat</u> Building Inspector				<u>5-31-09</u>	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	GE661L	66 X 41	GWOR23N25629ABC	
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 <i>* Gerald Ray Lowrey</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <i>* Georgia Lee Lowrey</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington	Signed or attested before me on		5-21-09
		County of <i>Skamania</i>	Signature		<i>David L. O'Brien</i>
		by <i>Gerald Ray Lowrey</i>	Signature		
		by <i>Georgia Lee Lowrey</i>	Signature		
		PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY		
		Title <i>Agent</i>	AND: County/Office No. OR		30-01-03
		DEALERSHIP POSITION/AGENT/NOTARY	Notary OR AGENT		Notary Expiration Date
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 SOUTHEAST QUARTER OF SECTION 26, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:					
LOT 1 OF THE VICTORIA SHORT PLAT RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 354, SKAMANIA COUNTY 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)			COUNTY OFFICE/VEHICLE OPERATOR NUMBER		
<i>David O'Brien</i>			30-01-03		
SIGNATURE			DATE		
<i>David L. O'Brien</i>			5-26-09		
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.