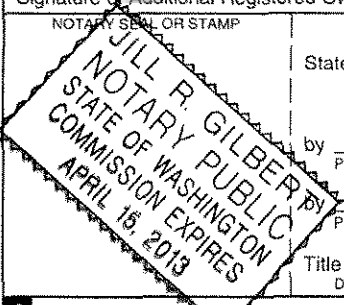
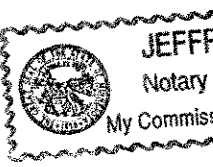


RETURN ADDRESS

TITLE ELIMINATION SERVICES
P.O. BOX 53325
BELLEVUE, WA 98015-3325

<b>WASHINGTON STATE DEPARTMENT OF LICENSING</b>		<b>Manufactured Home Application</b>		<b>PLEASE CHECK ONE</b>	
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	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1998	PLMHB	41 X 52	2542ABC	
<b>2 LAND</b> <b>LEGAL DESCRIPTION ON PAGE</b> _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 02053000131000	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		SE 1/4 SEC 30 T2N R5E			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> <b>ADDITIONAL NAMES ON PAGE</b> _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30 SKAMANIA	1		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
WHITE, ROBERT V.					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
131 MT. VISTA RD		WASHOUGAL	WA	98671	
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	
12550 SE 93rd Ave. Ste. 400 Clackamas		OR		97015	
<b>GRANTEE</b>					
NAME					
DOL					
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>Robert V. White</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Clark		before me on 7/12/09	
		by Robert V. White		Signature <i>Jill R. Gilbert</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
Title		County/Office No. OR		AND: Dealer No. OR	
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date		4/15/13	
<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		
N/A			N/A		
SIGNATURE / POSITION			DATE		
			N/A		
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. <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		42 * 98	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat, Building Official</i>		7-22-09			

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1998	PLMHB	41 X 52	2542ABC	
<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 <i>Jeffrey D. Harris</i> <i>LAN</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <i>Loan Administrator</i> <i>Manager</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		Signed or attested before me on <i>7/20/09</i>			
by <i>Jeffrey D. Harris</i> <i>LAN</i>		Signature <i>[Signature]</i>			
PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY			
Title		AND: County/Office No. OR Dealer No. OR Notary Expiration Date			
DEALERSHIP POSITION/AGENT/NOTARY					
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A TRACT OF LAND IN THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 30, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:					
LOT 4 OF THE DAVID L. SIMES SHORT PLAT, RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 166, SKAMANIA COUNTY RECORDS.					
APN: 02053000131000					
<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	
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).					
<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		
<i>NATHAN PHILLIPS</i>			<i>30-01-19</i>		
SIGNATURE <i>[Signature]</i>			DATE <i>8/11/2009</i>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE 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.