


RETURN ADDRESS

Bill Midland  
PO box 270  
Stevenson WA 98648

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	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
#107952	1960	TERCR	55U X 10	S543FK7861	
<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 03073509010400	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
2		SLYTERS ACRES			
<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	2		0		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
MIDLAND, JACK E.					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
<del>MIDLAND, LISA L.</del>					
ADDRESS		CITY	STATE	ZIP CODE	
112 MANNING RD.		STEVENSON	WA	98648	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
SAME AS ABOVE					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
<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>Jack E. Midland</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
<div>NOTARY PUBLIC LISA M. ALLEN STATE OF WASHINGTON My Commission Expires Feb. 13, 2010</div>		State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>December 14, 2009</u>	
		by <u>Jack E. Midland and Lisa L. Midland</u> PRINT NAME OF REGISTERED OWNER		Signature <i>Lisa M. Allen</i> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <u>Lisa M. Allen</u>	
		Title <u>Agent</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>Feb 13, 2010</u> 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			
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 #	
MARLAN MORAT		509-427-3920			
SIGNATURE / POSITION				DATE	
<i>Marlan Morat</i>				12-14-09	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER #107952	YEAR 1960	MAKE TERCR	LENGTH/WIDTH(FEET) 55U X 10	VEHICLE IDENTIFICATION NUMBER (VIN) S543FK7861	
<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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>				
	State of Washington County of _____		Signed or attested before me on _____		
	by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT		
	by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY County/Office No. OR AND: Dealer No. OR		
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date _____		
<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 SLYTER'S ACRES, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK "B" OF PLATS, PAGE 46, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.					
APN: 03073500010400					
<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"/> <b>USE TAX EXEMPT</b> 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) NATHAN PHILLIPS			COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-19		
SIGNATURE 			DATE 12-14-09		
<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.