AFN #2010175239 Recorded 04/06/10 at 03:50 PM DocType: MFHOME Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

| RETURN ADDRESS | | | | |
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| Gary & Mary Peters | en | | _ | |
| PO Box 907 | | | | |
| Stevenson, WA 986 | 548 | · | | , |
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| 3 GRANTOR(S) REGISTER | | 21 T3N R8E | ITIONAL NAMES | ON PAGE |
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| GARY W. PETERSEN | | | | POLICIOTONEO ACCOUNT NUMBE |
| NAME OF ADDITIONAL REGISTERED | OWNER | X / | | DOL CUSTOMER ACCOUNT NUMBE |
| MARY C. PETERSEN | | CITY | | STATE ZIP CODE |
| PO Box 907 | - 40 | Stevenson | P | WA 98648 |
| NAME OF LEGAL OWNER | | | · | DOL CUSTOMER ACCOUNT NUMBER |
| COLUMBIA CREDIT UN | | | | |
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| ADDRESS | $\overline{}$ | CITY | | STATE ZIP CODE |
| 200 SE PARK PLAZA | DRIVE | VANCOUVER | | WA 98684 |
| GRANTEE | | | | |
| NAME | | | | |
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| ANDER OF | State of Washing County | gton Skama | Signed | or attested 01/26/2010 |
| S. S. Marie | Gara | 111 Dolor | ~ (| Sulin Andulas |
| NOTARY * | by CICU U | REGISTERED OWNER | Signature | ODBARY OR AGENT |
| PUBLIC . | by Mary | C. Peterse | n Ju | he Andersen |
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| OF WASH | Title | otary | AND: | Dealer No. OR (DII (Id)) |
| TITLE COMPANY CERTIFI | DEALERSHIP PO | SITION/AGENT/NOTARY | | Notary Expiration Date t t |
| certify that the legal description | | wnership is true and co | rrect per the real pr | operty records. |
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| Finalize this application with a BUILDING PERMIT OFFICE | | | s of the date little | Company Representative signs. |
| F1 the many | ufactured home ha | s been affixed to the re | al property as desc | ribed. |
| r certify triat. 🖪 a buildin | g permit has been | issued for this purpose | and the attachmen | t will be inspected upon completion. |
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TD-420-729 MANUF HOME APPL (R/2/02)OR (W)Page 1 of 2

| RETURN ADDRESS |
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| Gary & Mary Petersen |
| PO Box 907 |
| Stevenson, WA 98648 |
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| ONOTAD BEIC | by JOLENE J | AMPSA | Signature | Linda I. L | ndoller |
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| CONTRACTOR ACCORDING TO BE ACCORDING | THEMSING OFFI | CE APPROVAL: - | reservation (attach not Not for use by Subag | ents) | |
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