

RETURN ADDRESS

RUSSELL & BRADLEY
PO BOX 274
CARSON, WA 98610

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 type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$98158	1980	ELTWD	66X28	1DFL2B951042063	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				03-08-17-2-0-6121-00	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30					
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
BRADLEY, RUSSELL					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Cindy Rutherford					
ADDRESS		CITY	STATE	ZIP CODE	
PO BOX 274		CARSON	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME					
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>Russell Bradley</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Cindy Rutherford</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of SKAMANIA Signed or attested before me on 10/21/10 by RUSSELL BRADLEY Signature <i>[Signature]</i> 30019 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by CINDY RUTHERFORD NATHAN PHILLIPS PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY Title Agent AND: County/Office No. OR Dealer No. OR Notary Expiration Date 30-01			
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			
JAMES R COPPELAND		SKAMANIA TITLE			
SIGNATURE / POSITION		DATE			
<i>[Signature]</i> Escrow officer		10-21-2010			
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 checked="" 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 #	
SIGNATURE / POSITION		DATE			

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$ 98158	1986	FLTRD	106X 28	1DFL 2B951042063	
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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of Washington		Signed or attested		
	County of _____		before me on _____		
	by _____	Signature _____		NOTARY OR AGENT	
	PRINT NAME OF LEGAL OWNER				
NOTARY SEAL OR STAMP	by _____		PRINTED NAME OF NOTARY		
	PRINT NAME OF LEGAL OWNER				
	Title _____		County/Office No. OR		
	DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR		
			Notary Expiration Date		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
SEE ATTACHED "EXHIBIT A"					
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/VFS OPERATOR NUMBER		
NATHAN PHILLIPS			300119		
SIGNATURE			DATE		
300119			10/21/2010		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
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.					TOTAL FEES & TAX
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.

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EXHIBIT "A"

A tract of land in the Northwest quarter of the Northwest quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, more particularly described as follows:

Beginning at the Northwest corner of Section 17, Township 3 North, Range 8 East of the Willamette Meridian; thence South $00^{\circ} 57' 20''$ West along the West line of said Section 17, 490.81 feet; thence South $88^{\circ} 42' 10''$ East, 590.43 feet to the true point of beginning; thence South $88^{\circ} 42' 10''$ East, 508.23 feet to the Westerly right of way line of the County Road known and designated Wind River Road (County Road No. 92135); thence South $40^{\circ} 00' 10''$ East, 268.71 feet to the centerline of the County Road known and designated Old State Road No. 1 (County Road No. 21450); thence South $01^{\circ} 22' 10''$ West said centerline 161.07 feet; thence North $88^{\circ} 52' 30''$ West, 685.38 feet; thence North $01^{\circ} 17' 50''$ East, 365.00 feet to the Point of Beginning.