

RETURN ADDRESS

George D. Lee Jr.
PO Box 398
North Bonneville, WA 98639

| STATE OF WASHINGTON Department of Licensing | | MANUFACTURED HOME APPLICATION | | PLEASE CHECK ONE | |
|--|-----------------------------|-------------------------------------|------------------------|---|--|
| | | | | <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY | |
| 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) | | | | | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| \$53068 | 1978 | SAHAR | 70 X 14 | 813622 | |
| 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 02-07-20-3-4-1200-00 | | | | | |
| LOT | BLOCK | PLAT NAME OR SECTION/TOWNSHIP/RANGE | | QUARTER/QUARTER SECTION | |
| 12 | 8 | RElocated North Bonneville | | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE | | | | | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | | |
| 30 | 1 | | 1 | | |
| NAME OF REGISTERED OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| George D. Lee, JR | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| 812 Celilo | | North Bonneville | WA | 98639 | |
| NAME OF LEGAL OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| HomeStreet Bank | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| 2100 SE 164th Ave., #F103 | | Vancouver | WA | 98683 | |
| GRANTEE | | | | | |
| NAME | | | | | |
| Department of Licensing | | | | | |
| 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>George D. Lee Jr.</i> | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARY SEAL OR STAMP | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| State of Washington County of <i>Clark</i> Signed or attested before me on <i>8-10-09</i> | | | | | |
| by <i>George D. Lee Jr</i> Signature <i>[Signature]</i> | | | | | |
| PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT | | | | | |
| by <i>[Signature]</i> PRINTED NAME OF NOTARY | | | | | |
| Title <i>Notary</i> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <i>8-29-10</i> | | | | | |
| DEALERSHIP POSITION/ AGENT/NOTARY | | | | | |
| 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 | |
| SIGNATURE / POSITION | | | | DATE | |
| 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 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 # | |
| DAVID NAIL | | | | | |
| SIGNATURE / POSITION | | | | DATE | |
| <i>David Nail</i> | | | | 10/18/10 | |

| MANUFACTURED HOME - FROM SECTION 1 | | | | | |
|--|---------------------------|--|--|-------------------------------------|------------------|
| TPO/PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| \$53068 | 1978 | SAHAR | 70 X 14 | 813622 | |
| 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 <u>Meg Foster - Homestead Bank</u> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Ed Barkin VP</u> | | | | | |
| NOTARY SEAL OR STAMP STEPHANIE A. PITT NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES AUGUST 29, 2010 | | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Clark</u> Signed or attested before me on <u>8-10-09</u> by <u>Meg Foster - Homestead Bank</u> Signature <u>[Signature]</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by <u>Stephanie Pitt</u> PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY Title <u>Notary</u> AND: County/Office No. OR DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date <u>8-29-10</u> | | | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | | |
| Lot 12 of Block 8 of the Plat of relocated North Bonneville, recorded in Book 'B' of Plats, Page 16, Skamania County File NO. 83466. Also recorded in Book 'B' of Plats, Page 32, Skamania County File No. 84429, records of Skamania County, Washington. | | | | | |
| 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) <u>NATHAN PHILLIPS</u> | | | COUNTY OFFICE/VFS OPERATOR NUMBER <u>300119</u> | | |
| SIGNATURE <u>[Signature]</u> <u>300119</u> | | | DATE <u>11/02/2010</u> | | |
| 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.