

RETURN ADDRESS Math & Calley Golphene
3641 Skye Rd
Washougal WA
98671

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					
PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
8132062	1997	GUERDON	26 X 60	GOSTOR089718845	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER: 02051920026300					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
24		Sec 19 T. 2 N. R. 5 E		2	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		2	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Matthew D. Golphene					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Calley Golphene					
ADDRESS				STATE	ZIP CODE
3641 Skye Rd Washougal				WA	98671
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Matthew D. Golphene					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Calley Golphene					
ADDRESS				STATE	ZIP CODE
3641 Skye Rd Washougal				WA	98671
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: <u>Matthew Golphene</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <u>Calley Golphene</u>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		County of		Signed or attested before me on	
Clark				4/11/11	
by		Signature		Signature	
Matthew Golphene		Dawn R. Josephson		Dawn R. Josephson	
PRINT NAME OF REGISTERED OWNER		PRINT NAME OF NOTARY		COUNTY/OFFICE NO. OR DEALER NO. OR NOTARY EXPIRATION DATE	
Calley Golphene		Dawn R. Josephson		May 15, 2011	
Title		AND:		Notary Expiration Date	
Whitney					
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			
James Copeland Skamania Title		509-427-5681			
SIGNATURE / POSITION		DATE			
James A. Title		4-6-2011			
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 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 205673 YEAR 1997 MAKE Gurdon LENGTH/WIDTH/FEET 26x60 VEHICLE IDENTIFICATION NUMBER (VIN) GDSTOR089718845

6 SIGNATURE OF LEGAL OWNER Summe

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 before me on _____

County of _____

by _____ Signature _____ NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER

by _____ PRINTED NAME OF NOTARY

PRINT NAME OF LEGAL OWNER

Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date

DEALERSHIP POSITION/AGENT/NOTARY

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 2 of the Skamania Highlands, according to the recorded plat thereof, recorded in book A of Plats, page 140, in the County of Skamania, State of 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 _____

☐ 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) David O'Brien COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-03

SIGNATURE David O'Brien DATE 4-20-11

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.