
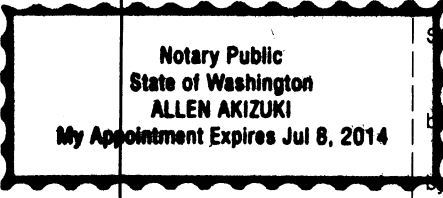


RETURN ADDRESS

MIKE ROSS
141 OLD LAWTON CREEK RD.
WASHOUGAL, WA 98671

		Manufactured Home Application		PLEASE CHECK ONE	
				<input type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input checked="" 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)	
70 059340	1993	ARMORE	52X 28	1- 12919	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 01050500060300					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
0603		05-01-05			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2				
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
MICHAEL T. ROSS			ROSS * MT 471 PZ		
NAME OF ADDITIONAL REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
RHONDA K. ROSS			ROSS * RK 461 RQ		
ADDRESS	CITY	STATE	ZIP CODE		
141 OLD LAWTON CR. RD.	WASHOUGAL, WA.		98671		
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
J.P. MORGAN CHASE			SAME		
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 <u>Michael T. Ross</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Rhonda K. Ross</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington _____			
		County of <u>Clark</u>			
		Signed or attested before me on <u>6/13/12</u>			
		Signature <u>Allen Akizuki</u>			
		NOTARY OR AGENT			
		PRINT NAME OF REGISTERED OWNER			
		<u>Michael T. Ross</u>			
		PRINT NAME OF REGISTERED OWNER			
		<u>Rhonda K. Ross</u>			
		PRINTED NAME OF NOTARY			
		<u>Allen Akizuki</u>			
		Title <u>Notary Public</u>			
		DEALERSHIP POSITION/AGENT/NOTARY			
		AND: County/Office No. OR <u>71814</u>			
		Dealer No. OR			
		Notary Expiration Date			
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			
<u>James R Copeland</u>		<u>Columbia Gorge Title</u> <u>509-427-5681</u>			
SIGNATURE / POSITION		DATE			
<u>James R Copeland</u> Title Officer		<u>6-5-2012</u>			
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 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)	
70059340	1993	ARMORE	52X 28	1-12919	
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>Michael T. Ross</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Rhonda K. Ross</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of _____ Signed or attested before me on _____			
		by _____ Signature _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT			
		by _____ PRINT NAME OF LEGAL OWNER			
		PRINTED NAME OF NOTARY County/Office No. OR Title _____ AND: Dealer No. OR DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
SEE 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			
<u>300119</u>		7/17/2012			
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.

EXHIBIT A

A Portion of the West Half of the Southwest Quarter of Section 5, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest corner of the Southwest Quarter of said Section 5; Thence North 00 degrees 46' 52" East along the West line of said Southwest Quarter 834.82 feet to the true point of beginning; Thence North 00 degrees 46' 52" East along said West line 330 feet; Thence South 89 degrees 13' 08" East 660 feet; thence South 00 degrees 46' 52" West parallel with said West line 330 feet; Thence North 89 degrees 13' 08" West 660 feet to the True Point of Beginning.