


RETURN ADDRESS

Duane Huber
 PO Box 772
 Carson, WA 98610

 WASHINGTON STATE 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)	
	1995	Fleetwood	14 X 66	DRELS48A20205C P13	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 0308173009000	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		17 3/8			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1				
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Duane L. Huber					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
202 Fuller Rd		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Duane L. Huber					
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>Duane L. Huber</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington	Signed or attested before me on		7/18/12
		County of Skamania	by <u>Duane L. Huber</u>		Signature <u>Melissa Anderson</u>
			PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT
			by _____		PRINTED NAME OF NOTARY
			PRINT NAME OF REGISTERED OWNER		Melissa Anderson
		Title <u>Agent</u>	AND: County/Office No. OR		300116
		DEALERSHIP POSITION/AGENT/NOTARY	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		
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 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 #	
Marlon Morat		509-427-3920		BP-137-09	
SIGNATURE / POSITION		DATE			
<u>Marlon Morat</u> , Building Official		10-27-09			

MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
1995 Fleetwood 14 X 66 ORF LS 48 A 20205CP13

6 SIGNATURE OF LEGAL OWNER
Duane L. Huber

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE *Duane L. Huber*

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
State of Washington Signed or attested
County of *Skamania* before me on *7/18/12*
by *Duane L. Huber* Signature *Melissa Anderson*
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
by *Melissa Anderson*
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY
Title *Agent* AND: County/Office No. OR
Dealer No. OR *300116*
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 Ex 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

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
Melissa Anderson *30 01 16*
SIGNATURE DATE
Melissa Anderson *7.18.12*

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.

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.

EX. A

BOOK 227 PAGE 422

EXHIBIT "A"

A tract of land located in the South Half of the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, described as follows:

Beginning at the Northwest corner of the South Half of the Northeast Quarter of the Southwest Quarter of the said Section 17; thence South 416 feet; thence East 208 feet; thence North 416 feet; thence West 208 feet to the point of beginning.

TOGETHER with a Non-exclusive easement for Access Road across the North 25 feet of the South Half of the Northeast Quarter of the Southwest Quarter of said Section 17, recorded in Book 64, Page 574.

Gary H. Martin, Skamania County Assessor

Date 1-2-02 Parcel # 3-8-11-3-540

ghm

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