AFN #2013000079 Recorded 01/15/2013 at 11:42 AM DocType: MFHOME Filed by: ERNEST & MAXINE CARLSON Page: 1 of 4 Auditor Timothy O. Todd Skamania County, WA

RETURN RECORDED DOCUMENT TO:

Maxine Carlson 112 Nelson Clerk lo. Stevenson, WA 98648

WASHINGTON STATE DE LICENS	SING	A	actured Hoppication		X Tit	ase check one:
For full instructions of Instructions, form TI	on completin D-420-730.	ng this form, see	e Manufactured Ho	me Application	' 	ansfer in Location emoval from Real Property
1 Manufacture	d Home					
TPO/Plate number	Year 1980	Make Pacifica	Length/Width (feet) リンメンリ	Vehicle identification MD23		
2 Land						/_\\\
Manufactured home will		eal property 030 ax parcel no. —	8174020000	ටට Legal descri	ption on	page 4
Lot	Block	Plat nan	ne or Section/Township/F	Range		Quarter/Quarter section
3 Grantor(s) R	egistered/	Legal Owne	r(s) – Additional na	ames on page		
County number		stered owners	No. legal owners Gra	intee name (if appl	licable)	
Name of registered own Ernest	er E. Ca	rlson	~ C 1		Washin	ngton driver license or UBI number
Name of additional regis	stered owner E. Ca	rlson		1	Washin	ngton driver license or UBI number
Address (Address, City, 986 N.	State, ZIP code	ck Cre	ek Drive	Stever	SON,	WA 98648
Name of legal owner Ernest E	_		11		T	ngton driver license or UBI number
Name of additional legal	l owner Cat	rlson			Washin	ngton driver license or UBI number
Address (Address, City 986 N.W.	State, ZIP code	Creek	Drive, St	revensor	o, W	A 98648
I declare under pe owner(s) of this ma	nalty of perju anufactured	ury under the la	ws of the state of Voregoing information	Vashington tha	t I am/w	ve are the registered
AND LEWISE	Mileses.	h.	X7 one	et E.	Lake	in
A STONE	10	T /	X may	gistered owner and	\mathcal{C}	artson
Signature of additional registered owner and title, if applicable						
Hotalization/Certifi	catient "		>ashingta)			,
3 2 3 S S S S S S S S S S S S S S S S S			tested before me on _		()	•
(Sen) or Element	MACHINE	Print regis	tered owner name	Pri		ed owner name CD
A SHAMMAN	Mas.	Notary pri	nted or stamped name	, No	tary signal	ture
		Title		and De	aler/count	ty office number or notary expiration
TD-420-729 (R/4/12)WA Page	1 of 3					Continued on next page

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Manufactured home TPO/Plate number (from Section 1)

4 Title Company Certification			
PRINT or TYPE Name of person signing	Title company name		
Position	(Area code) Telephone number		
I certify that the legal description of the land and ownership	o is true and correct a	ccording to the real property records.	
X			
Signa	ture	Date	
5 Building Permit Office Certification			
the manufactured home has been affixed to the real properties a building permit has been issued for this purpose and the		neparted upon completion	
PRINT or TYPE Name of person signing	Building permit office	Building permit number	
Marlon Mora t	Dunaing permit office	Dentang permit named	
Buding Inspector		(Area code) Telephone number 509-437-3900	
4	nalo 9	114-13	
Signa	ture	Date	
6 Signature of Legal Owner(s)		- / P	
Signature of legal owner indicates consent for Elimination	of Title or Removal fo	rom real property	
Signature of legal owner indicates consent for Limitation	- I Title of Helitoval II	1 0	
X2	must &	alion	
Signa	ture of legal owner and title	, if applicable	
ANN DUMME	mafine	E. Garleon	
Signa	ture of additional legal own	er and title, if applicable	
Notarization Sertification 2 State of Working	29 Lounty of 5	Kanana	
Bigned or attested before	me on Janua	xu 14 a013	
37% Value 3 8			
(Seal of starting)		TEXINE E CONSON	
Or Immunity Original Control of the	S-COIL	M Cole	
Notary printed or stampe		plary signature	
Title	and Z	ealer/county office number or notary expiration	
7 Land Description		$\overline{}$	
Legal description of land			
SEE EXHIBIT A"	> N		
		, -	
		7	
TD-420-729 (R/4/12)WA Page 2 of 3		Continued on next page	

PRINT or TYPE	Dealer name			Mashington dealers		
	Dealer Harrie			Washington dealer no	umber	
Date of sale		Purchase price	Tax juri	Tax jurisdiction/Tax rate		
☐ Sales Tax	Exempt – Sale to	a Certified Tribal membe	r on the reservatio	n (attach notarized	statement of delivery	
	this information is o	correct. The manufacture n collected.	ed home is clear of	encumbrances ex	cept as shown.	
		X				
		Dea	aler authorized signatur	•		
9 County	Auditor/Agent L	icensing Office App	roval (not for use	by subagents)		
PRINT or TYPE	Name		County office/VFS		_	
NATHAN	5 PHILLIP	5	30011	9		
I certify that to documentation	the above applicati on to proceed with	on appears to be comple the recording of this form X Sign	eted correctly, and n. 30011		sufficient 01/15/2013	
0 Title Fe)\$				/ 	
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees	

Manufactured home TPO/Plate number (from Section 1)

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 46.12.750

