AFN #2013002152 Recorded 10/03/2013 at 10:58 AM DocType: MFHOME Filed by: DEREK MATHANY Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

CACSED WA 98611)	
Car LICENSING Application	PLEASE CHECK ONE TITLE ELIMINATION TRANSFER IN LOCATION REMOVAL FROM REAL PROPERTY
of a felony, and upon conviction may be punished by a fine, imprisonment, or bo	th. (RCW 46.12.210)
1 MANUFACTURED HOME	
TPO/PLATENUMBER YEAR MAKE LENGTH-WIDTH(FEET) VEHICLE IDENTIFY AND A CALL	FICATION NUMBER (VIN) 24BF06315865
2 LAND LEGAL DESCRIPTION	
MANUFACTURED HOME WILL BE ☑ AFFIXED ☐ REMOVED REAL PROPERTY OF THE PROPERTY O	RTY TAX PARCEL NUMBER
LOT DIE BLOCK PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAM	ES ON PAGE
GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAM COUNTY NUMBER NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30 /	
NAME OF REGISTERED OWNER Dere KMathany	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERED OWNER 182 Dilling ham 1000 Carson	DOL CUSTOMER ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP CODE
NAME OF LEGAL OWNER CA (> Or)	WA 98610 DOL CUSTOMER ACCOUNT NUMBER
	-
NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP CODE
GRANTEE	
NAME DO SE W	1-12
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE TH	TE REGISTERED OWNER(S) OF THIS
VEHICLE AND THIS INFORMATION IS ACCURATE:	
Signature of Registered Owner and Title, IF APPLICABLE	
Signature of Additional Registered Owner and Title, IF APPLICABLE	
NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGIS	
State of Washington Skam and 1 A	igned or attested 10/03/13
by Dereck Martin signa	(300/19
PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT
")	D NAME OF NOTARY
Title Mass	County/Office No. OR 30 -0)
DEALERSHIP POSITION/AGENT/NOTARY 4 TITLE COMPANY CERTIFICATION	Notary Expiration Date
I certify that the legal description of the land and ownership is true and correct per the re	al property records.
NAME (TYPED OR PRINTED) TITLE COMPANY / PHO	NE NUMBER
SIGNATURE / POSITION	DATE
Finalize this application with a Licensing Agent within 10 calendar days of the date BUILDING PERMIT OFFICE CERTIFICATION	Title Company Representative signs.
Logrify that: I the manufactured home has been affixed to the real property as	described.
a building permit has been issued for this purpose and the attach	nment will be inspected upon completion.
NAME (TYPED OR PRINTED) Marton Morat BLDG PERMIT OFFICE/PHONE # 509-427-39	BP-13-0072
SIGNATURE POSITION Building Inspector	10-3-13

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MANUFACTUE	ED H	OME ED	M SECTION	ON 1					
TPO / PLATE NUMB		YEAR	MAKE	<u> </u>	LENGTH/WID	TH(FEET) VE	HICLE IDENTIFICATION N	JMBER (VIN)	
×1889	195	85	Ba	~~;	27 x	68 L	UAFISA		063/5869
6 SIGNATUR	E OF L	EGAL OV	/NER	<u> </u>	101	00 1	······································	2	101/2001
6 SIGNATURE OF LEGAL OWNER SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TIPLET REMOVAL FROM REAL PROPERTY.									
Signa	Signature of Legal Owner and Title, IF APPLICABLE								
Signature of Additional Legal Owner and Title, IF APPLICABLE									
NOTARY SEA	NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE								
	State of Washington Skarna LA Signed or attested before me on 10/3/13								0/3/13
			by Dy	RV.	رک ک	ATHA	w V _{Signature}	309 BY OR AGENT	115
		i		AME OF LE	GAL OWNER		NATITA	a. I	Panin
		ĺ	PRINT N	AME OF LE	GAL OWNER		PRINTED NAME OF	NOTARY	0 1110011
İ		1	Title A	711~	1		AND:	unty/Office N Dealer N	
		1	DEALER	SHIP POSIT	TON/AGENT/NO	TARY		ary Expiratio	n Date
7 LAND DES	CRIPT	ION (A le	gal descri _l	otion of t	he land car	be obtaine	d from the local Co	unty Asser	ssor's Office)
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O DEALEDIO									
8 DEALER'S I CERTIFY TO	HAT T	HIS INFOF	MATION I			HICLE IS C	LEAR OF ENCUMBI	RANCES E	XCEPT AS SHOWN.
DEALER NAME (TY			TIAG BEI	NOOLL	LOILD.		WA DEALER NUMBER	DAT	E OF SALE
						<u> </u>			
PURCHASE PRICE	_	TAX JL	RISDICTION	TAX RATE	DEALER'S AL	JTHORIZED SIG	NATURE		
300 C		EMPT C	la ta a Ca	-Mile of To	that manha				7.4.0
	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 I	PRINTED	<u>"</u>	Aa	NA	1184	14185	COUNTY OFFICENES C	PERATOR NL	MBER
SIGNATURE									
0	_2	0019	<u> </u>	_				VC)-3-1-3
10 TITLE FEE		7							
FILING FEE		APPLICATION	1	MOBILE H	OME FEE	ELIMINATION	FEE USE TAX		SUBAGENT FEES
									TOTAL FEES & TAX
MPORTANT: 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 cal (360) 902-3600 or TTY (360) 664-8885.

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EXHIBIT "A"

LOT 2 OF THE RODGERS SUBDIVISION, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "B" OF PLATS, PAGE 36, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Tax Parcel No. : 03081740120000, commonly known as 182 DILLINGHAM LOOP, CARSON, WA.

Stands Cath Assessor Outs 2114/12 Parel 3-8-17-4-1200 9-24-12 (34) 10-29-12 (34)

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