AFN #2014000088 Recorded 01/16/2014 at 02:30 PM DocType: MFHOME Filed by: MERILEE CREIGHTON Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

Mente Creighton
P.U Box 105

Carson WA 98610

washington state de LICENS	SING	4	factured Application	on		<b>☑</b> Ti	ase check o	
For full instructions of Instructions, form TI	on completir D-420-730.	ng this form, s	ee Manufacture	d Hom	ne Applica	ation 🏻 Tr	ansfer in Lo	ocation n Real Property
<ol> <li>Manufacture</li> </ol>	d Home						_	- Topoley
TPO/Plate number +376676	Year 2006	Make FLEET	Length/Width (		Vehicle ide	ntification numb	per (VIN)	
2 Land								
Manufactured home will		al property						
☑ Affixed ☐ Rem	noved Ta	x parcel no. <u>(</u>	030808000226	00	Legal de	scription on	nage	W 7
Lot	Block	Plat na	ume or Section/Town				Quarter/Quar	rter section
3 Grantor(s) Ro	egistered/	Lega! Owne	er(s) - Addition	al nan	nes on na	OO.		
County number 30		tered owners	No. legal owners		ee name (if		-	
Name of registered own CREIGHTON, MA	er NRK J		~ C	1		Washin	gton driver lice	nse or UBI number
Name of additional regis CREIGHTON, ME	tered owner RILEE		CA			Washin	gton driver lice	nse or UBI number
Address (Address, City, 1381 BEAR CREE	State, ZIP code) EK RD, CAI	RSON, WAS	98610	1				
Name of legal owner			11			Washin	gton driver licer	nse or UBI number
Name of additional legal	owner		)			Washin	gton driver licer	nse or UBI number
Address (Address, City S	All .	1/2				*	7	)
I declare under pen owner(s) of this ma	alty of perjui	ry under the la	aws of the state	of Wa	shington	that I am/w	e, are the reg	gistered
owner(s) of this ma	nulaciured H	ome and the i	foregoing inform	ation	s true an	d gorrect	1	
, T	,	Þ.	Signature	of regis	ered bwner	and title, if app	licable	
			A / / /	<i>YU</i> Y	410	177	title, if applicabl	
Notarization/Certification	ation	State of <u></u>	SA		unty of	SKAM		е
		Signed or at	tested before me	on <b>c</b>	21/16	12014		
(Seal or stamp)	٢	by MAT	tered owner name.	HTC	by	MEY	YLLER	CREILHEON
Aven 1	<del>.</del>	VINT	nted or stamped name	414		X / Su	d owner name	
,		100	nted or stamped nan	HE	and	Notary signatu	01	
D-420-729 (R/4/12)WA Page 1	of 3	Title				Dealer/county		or notary expiration
	-						Continu	ed on payt page

AFN	#2014000088	Page:	2	of	3	
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4 Title Company Certifi	ication		
PRINT or TYPE Name of person sign	ning	Title company name	
Position		(Area code) Telephone r	number
I certify that the legal descript	tion of the land and owner	rship is true and correct a	according to the real property records
	<u>]</u>	Signature	Date
5 Building Permit Office	e Certification		- Jule
I certify that  the manufactured home h  a building permit has been	as been affixed to the realissued for this purpose ar	al property as described	nspected upon completion.
PRINT or TYPE Name of person sign	or +	Building permit office	Building permit number
Building In	spector		(Area code) Telephone number 504-427-3900
	, , s	(Mula)	Mark 10-31-13  Date
Signature of Legal Ov	vner(s)		
Notarization/Certification	_ X	ignature of legal owner and title  ignature of additional legal own  County of	7
	Signed or attested bef	Th. 10	
(Seal or stamp)	by Print registered owne		int registered owner name
-	Notary printed or star	and X	ptary signature
I Land Date & Mark	Title	De	ealer/county office number or notary expiration
Land Description	_		
-ogar description or land			
	OPT DI AT DECORDE	D HNDED AUDITOR	
OT 1 OF THE USHER SH	ORT PLAT RECORDE	ED UNDER AUDITOR	S FILE NO. 2004155503
	ORT PLAT RECORDE	ED UNDER AUDITOR	S FILE NO. 2004155503

AFN #2014000088 Page: 3 of 3

		<b>number</b> (from Section Selling dealer complet					
PRINT or TYPE	Dealer name	a care complet	e triis section	Washington dealer n	umber		
		-					
Date of sale Purchase price				Tax jurisdiction/Tax rate			
☐ Sales Tax	Exempt – Sale to a	Certified Tribal member	er on the reservati	on (attach notarized	d statement of delivery		
I certify that	this information is co I sales tax has been	rrect. The manufactur	ed home is clear	of encumbrances ex	cept as shown.		
		<b>X</b>	ealer authorized signati	uro			
County	Auditor/Agent Li	censing Office Ap					
PRINT or TYPE	Name	censing office Ap					
As dented \ Queen as				office/VFS operator number			
I certify that t documentatio	he above application on to proceed with th	n appears to be compl e recording of this for	leted correctly, and	d the applicant has	sufficient		
0 Title Fee		X Sig	300 Inature	119	01/16/2014 Date		
4	<del></del>			46. 7	17		
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees		
			A		Total fees and tax		

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