



RETURN ADDRESS

Sandra Trask-Hendricks  
PO Box 3673  
Salem OR 97302

		<b>WASHINGTON STATE DEPARTMENT OF LICENSING</b>		<b>Manufactured Home Application</b>		<b>PLEASE CHECK ONE</b>	
						<input type="checkbox"/> TITLE ELIMINATION	
						<input type="checkbox"/> TRANSFER IN LOCATION	
						<input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<small>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 4B.12.210)</small>							
<b>1 MANUFACTURED HOME</b>							
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)			
	1983	FLTWD	28 X 48	WAFL2AD06314455			
<b>2 LAND</b>							
<b>LEGAL DESCRIPTION ON PAGE 3</b>							
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED							
REAL PROPERTY TAX PARCEL NUMBER 02-05-11-2-4-0111-00							
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE			QUARTER/QUARTER SECTION		
11		HIDEAWAY II					
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>							
<b>ADDITIONAL NAMES ON PAGE</b>							
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS			NUMBER OF LEGAL OWNERS			
30							
NAME OF REGISTERED OWNER							
SANDRA TRASK							
DOL CUSTOMER ACCOUNT NUMBER							
NAME OF ADDITIONAL REGISTERED OWNER							
DOL CUSTOMER ACCOUNT NUMBER							
ADDRESS							
102 DOUGAN FALLS LN							
CITY							
WASHOUGAL							
STATE							
WA							
ZIP CODE							
98671							
NAME OF LEGAL OWNER							
DOL CUSTOMER ACCOUNT NUMBER							
NAME OF ADDITIONAL LEGAL OWNER							
DOL CUSTOMER ACCOUNT NUMBER							
ADDRESS							
CITY							
STATE							
ZIP CODE							
<b>GRANTEE</b>							
NAME							
STATE OF WA DEPT OF LICENSING							
<b>I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:</b>							
Signature of Registered Owner and Title, IF APPLICABLE <i>Sandra Trask</i>							
Signature of Additional Registered Owner and Title, IF APPLICABLE							
NOTARY SEAL OR STAMP							
<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>							
State of Washington							
County of <i>SKAMANIA</i>							
Signed or attested before me on <i>3/26/2014</i>							
by <i>SANDRA TRASK</i>							
PRINT NAME OF REGISTERED OWNER							
Signature							
NOTARY OR AGENT							
by							
PRINT NAME OF REGISTERED OWNER							
PRINTED NAME OF NOTARY							
Title <i>AGENT</i>							
AND: County/Office No. OR <i>30-01</i>							
Dealer No. OR							
Notary Expiration Date							
<b>4 TITLE COMPANY CERTIFICATION</b>							
I certify that the legal description of the land and ownership is true and correct per the real property records.							
NAME (TYPED OR PRINTED)							
<i>Holly Wilson</i>							
TITLE COMPANY / PHONE NUMBER							
<i>Columbia Gorge Title (509) 427-5681</i>							
SIGNATURE / POSITION							
<i>Holly Wilson</i>							
DATE							
<i>3/26/2014</i>							
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.							
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>							
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)	
	1983	FLTWD	28 X 48	WAFL2AD06314455	
<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: _____	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
<b>8 DEALER'S REPORT OF SALE</b>					
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).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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) NATHAN PHILLIPS			COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-19		
SIGNATURE 			DATE 03/26/2014		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.					
<b>APPLICANTS:</b> 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.

Lot 11, MIDWAY II, according to the Plat thereof, recorded in Book  
8 of Plats, Page 4, in the County of Skamania and State of Washington.