AFN #2014001865 Recorded 10/30/2014 at 12:00 PM DocType: MFHOME Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

## RETURN RECORDED DOCUMENT TO:

Clark County Title Company Attn: Tamara Barrett 1400 Washington Street #100 Vancouver, WA 98660

WASHINGTON STATE DEP	Man	Manufactured Home				
CL LICENSING			Application	n	$\overline{\mathbf{Z}}$	Title Elimination
For full instructions of Instructions, form TD		ing this form,	nis form, see Manufactured Home Application			Transfer in Location Removal from Real Property
Manufactured Home						
TPO/Plate number +076076			Length/Width (i		identification nu 21247	mber (VIN)
Land						
Manufactured home will be		Real property				
✓ Affixed ☐ Removed		Tax parcel no. 0205270009010 Legal descrip				on page 2
Lot 3					Quarter/Quarter section	
Grantor(s) Registered/Legal Owner(s) - Additional names on page						
County number No. re SKAMANIA 2		gistered owners	No. legal owners Grantee name (if applied 2			
Name of registered owner Washington driver license or UBI number WOODRUFF, DUANE K.						
Name of additional registered owner WOODRUFF, RUTH M.  Washington driver license or UBI number						
Address (Address, City, State, ZIP code) 14491 WASHOUGAL RIVER ROAD, WASHOUGAL WA 98671						
Name of legal owner SAME AS ABOVE					Was	shington driver license or UBI number
Name of additional legal owner Washington driver license or UBI number						
Address (Address, City State, ZIP code)						
I declare under penalty of perjury under the laws of the state of Washington that I am/we are the registered						
owner(s) of this manufactured home and the foregoing information is true and correctly						
X Duane K. Woods						
Signature of registered owner and/title, if applicable						
Signature of additional registered owner and title, if applicable						
Notarization/ Certification State of, County of						
Signed or attested before me on						
(SORIPH STAMPON DIDIC by Duane K Woodruft by Ruthy Woodruft						
Print registered gwner name Print registered gwner name						
STATE OF WASHINGTON COMMISSION EXPIRES Notary printed or stamped name						and the second
JUNE 9, 20		Notary	ofand		and	2.916
	******	Title	<u>J</u>			unty 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)  $\pm 076076$ **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 is true and correct according to the real property records. Signature Date **Building Permit Office Certification** I certify that X the manufactured home has been affixed to the real property as described. Li a building permit has been issued for this purpose and the attachment will be inspected upon completion. PRINT or TYPE Name of person signing Building permit office **Building permit number** Marlon (Area code) Telephone number 509-427-3920 Signature of Legal Owner(s) Signature of legal owner indicates consent for Elimination of Title or Removal from real property. Signature of legal owner and title, if applicable Wode M Signature of additional legal owner and title, it applicable County of \_\_\_\_\_\_\_ Notarization/Certification State of . Signed or attested before me on (Seal dr. stamp BARRETT NOTARY PUBLIC STATE OF WASHINGTON Notary printed or stamped pame and Not COMMISSION EXPIRES Notan Dealer/county office number or notary expiration JUNE 9. 2016 **Land Description** Legal description of land Lot 3 of SHORT PLATS, recorded in Book "2" of SHORT PLATS, page 121, records of Skamania County, Washington.

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Manufactured home TPO/Plate number (from Section 1)  $\pm 0.076076$ Dealer Report of Sale - Selling dealer complete this section PRINT or TYPE Dealer name Washington dealer number Date of sale Purchase price Tax jurisdiction/Tax rate ☐ Sales Tax Exempt – Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). I certify that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected. Dealer authorized signature County Auditor/Agent Licensing Office Approval (not for use by subagents) PRINT or TYPE Name County office/VFS operator number 300119 I certify that the above application appears to be completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form Signature **Title Fees** Mobile home fee Elimination fee Filing fee Application Use tax Subagent fees 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