RETURN RECORDED	DOCUMENT	TO:			
LANZ & TRUMMEL PLLC				_	
Attorneys at Law Post Office Box 11	16				
Post Office Box 11	110				
White Salmon, WA 98672					
washington state department of LICENSING Manufactured Homanic Application					Please check one: ☑ Title Elimination
For full instructions o Instructions, form TD		this form, se	ome Application	☐ Transfer in Location ☐ Removal from Real Property	
1 Manufactured					
TPO/Plate number		Make SKYLIN	Length/Width (feet 28 x 56	Vehicle identificati 21910184T	
2 Land					
Manufactured home will be					
	Block	Plat nar	ne or Section/Township ert E. Rogers SP	/Range	Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page					
County number No. registered owners No. legal owners Grantee name (if applicable)					
Name of registered owner GREEN, GARY L.					Washington driver license or UBI number GREENGL297OG
Name of additional registered owner GREEN, PATRICIA L.					Washington driver license or UBI number GREENPL311KM
Address (Address, City, State, ZIP code) 122 JESSUP ROAD, COOK, WA 98605					
Name of legal owner GREEN, DIANE R.					Washington driver license or UBI number GREENDR530BW
Name of additional legal owner					Washington driver license or UBI number
Address (Address, City State, ZIP code) 72 LITTLE ROCK CREEK ROAD, COOK, WA 98605					
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 correct.					
KATHLEEN A. BUTCHER Signature of gentlered owner and uttle, if applicable					
NOTARY PUBLIC X					
Signature of additional registered owner and title, if applicable State of LUASHINGTON County of SKAMANIA					
Signed or attested before me on 26 July 2015					
(Seal or stamp)	,	•	GARY L. GREEN by		PATRICIA L. GREEN
Print registered owner name Karluleen A. Butche				ner Prim	
		Notary pri	nted or stamped name	BUC and Nota	ry signature 01-07-2017
TD 420 720 (B/E/45)W/A Book 4	of 2	Title	- 1	Deal	er/county office number or notary expiration
TD-420-729 (R/5/15)WA Page 1 of 3 Continued on next page					

AFN #2015001576 Page: 2 of 3

Manufactured home TPO/ Plate number (from Section 1) +333418 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 is true and correct according to the real property records. Signature Date 5 Building Permit Office Certification the manufactured home has been affixed to the real property as described. igsqcup 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 MORAT Position (Area code) Telephone number RUILDING INSPECTOR MMors 6 Signature of Legal Owner(s) Signature of legal owner indicates consent for Elimination of Title or Removal from real property nature of legal owner and title, if applicable Signature of additional legal owner and title, if applicable State of WASHINGTON, County of SKAWAN (A Notarization/Certification Signed or attested before me on . KATHLEEN A. BUTCHER (Sea**NOTARY) PUBLIC** STATE OF WASHINGTON COMMISSION EXPINES ANUARY 7, 2017 7 Land Description Legal description of land Lot 2 of the Robert E. Rogers Short Plat No. 2 of the East ten (10) acres of Lot 2 of OREGON LUMBER COMPANY S SUBDIVISION in the Northwest Quarter of Section 14, Township 3 North, Range 9 East, W.M., in the County of Skamania and State of Washington; according to the official plat thereof recorded May 5, 1980, Auditor's File No. 90715, in Book 2 of Plats, Page 168, Records of Skamania County, Washington.

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Manufactured home TPO/Plate number (from Section 1) ± 333418 B 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 9 County Auditor/Agent Licensing Office Approval (not for use by subagents) PRINT or TYPE Name County office/VFS operator number tnder son Skamania 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. Date 10 Title Fees Filing fee Application Mobile home fee Elimination fee 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