

RETURN RECORDED DOCUMENT TO:



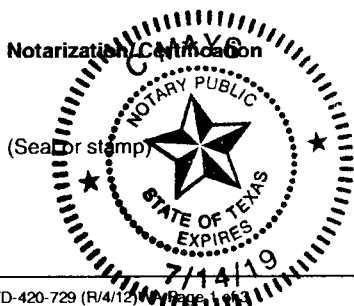
Manufactured Home Application

Please check one:

- ☐ Title Elimination
☐ Transfer in Location
☒ Removal from Real Property

For full instructions on completing this form, see Manufactured Home Application Instructions, form TD-420-730.

1 Manufactured Home				
TPO/Plate number <u>544202</u>	Year <u>78</u>	Make <u>SONYB</u>	Length/Width (feet) <u>66X28</u>	Vehicle identification number (VIN) <u>S133633AC</u>
2 Land				
Manufactured home will be <input type="checkbox"/> Affixed <input checked="" type="checkbox"/> Removed		Real property Tax parcel no. <u>03-75-0100-0702-00</u> Legal description on page <u>BOOK 171 PAGE 328</u>		
Lot <u>3 and 4</u>	Block <u>BLK 2</u>	Plat name or Section/Township/Range <u>OVER SHOOT PLAT</u>		Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page				
County number	No. registered owners <u>1</u>	No. legal owners	Grantee name (if applicable)	
Name of registered owner <u>SCOTT B. PINEO</u>			Washington driver license or UBI number <u>PINEO SB 53709</u>	
Name of additional registered owner			Washington driver license or UBI number	
Address (Address, City, State, ZIP code) <u>5302 WIND RIVER RD CARSON, WA 98610</u>				
Name of legal owner <u>SCOTT B. PINEO</u>			Washington driver license or UBI number <u>PINEO SB 53709</u>	
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 correct.				
<input checked="" type="checkbox"/> Signature of registered owner and title, if applicable				
<input checked="" type="checkbox"/> Signature of additional registered owner and title, if applicable				
State of <u>Texas</u> , County of <u>Denton</u>				
Signed or attested before me on <u>October 14th, 2015</u>				
by <u>SCOTT B. PINEO</u> by <u>[Signature]</u>				
Print registered owner name				
Notary printed or stamped name				
Title				
Notary signature				
Dealer/county office number or notary expiration				



Manufactured home TPO/Plate number (from Section 1) _____

4 Title Company Certification

PRINT or TYPE Name of person signing

Kelli Marshall

Title company name

Columbia Gorge Title

Position

Title Officer

(Area code) Telephone number

509-427-5681

I certify that the legal description of the land and ownership is true and correct according to the real property records.

X
Signature

Date

10/29/2015

5 Building Permit Office Certification

I certify that

☐ the manufactured home has been affixed to the real property as described.☐ 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

Position

(Area code) Telephone number

X
Signature

Date

6 Signature of Legal Owner(s)

Signature of legal owner indicates consent for Elimination of Title or Removal from real property.

X
Signature of legal owner and title, if applicableX
Signature of additional legal owner and title, if applicable

Signature of additional legal owner and title, if applicable

Notarization

State of Texas

County of Denton

Signed or attested before me on

by SCOTT B. PINKED

Print registered owner name

C. Days

Notary printed or stamped name

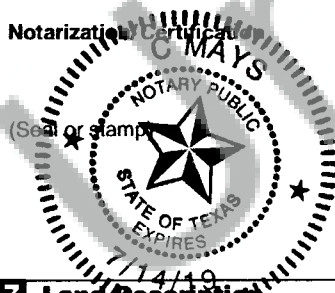
Title

Print registered owner name

Notary signature

and X 7/14/19
Dealer/county office number or notary expiration**7 Land Description**

Legal description of land



Manufactured home TPO/Plate number (from Section 1) _____

8 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		
<input type="checkbox"/> 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.					
X _____ Dealer authorized signature					
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)					
PRINT or TYPE Name NATHAN PHILLIPS			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.					
X _____ 300119 10/29/2015 Signature Date					
10 Title Fees					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
					Total fees and tax 0

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

EXHIBIT 'A'

Lots 3 and 4, W.A. OBER SHORT PLAT, Block 2, according to the Short Plat thereof, recorded in Book 2, Page 178, Skamania County Short Plat Records, more particularly described as:

The West 261.17 feet of that portion of the North Half of the Southeast Quarter of the Northeast Quarter of Section 1, Township 3 North, Range 7½ East of the Willamette Meridian, which lies Southerly of the Old Wind River Highway.

TREASURER'S TAX CERTIFICATIONGRANTOR / SELLERGRANTEE / PURCHASER

NAME _____

NAME Scott B. Pinec

MAILING ADDRESS _____

MAILING ADDRESS 5302 Wind River Rd

CITY/STATE/ZIP _____

CITY/STATE/ZIP Carson WA 98612TAX PARCEL # 03 750100 070200DESCRIPTION OF MOBILE HOME: \$ 44202 1978 SUNNYB66 x 28 5133633 A U

(YEAR, MAKE, SIZE, MODEL AND SERIAL #)

I hereby certify that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Emily J. Allen
Owner or Agent

10/29/15
Date

TREASURER'S TAX CERTIFICATION

I hereby certify that all of the property taxes on the above mobile home that have been certified to me for collection have been paid thru 2015

Vickie Orellana, Treasurer
Skamania County Treasurer or Deputy

10-29-2015
Date

☒ len -
TITLE ELIMINATION ONLY

EXCISE TAX PAID ON EXCISE NUMBER _____

USE TAX TO BE COLLECTED BY COUNTY AUDITOR OR LICENSING AGENT.

Distribution: 1- Original to County/Licensing Agent
1-County Assessor

1-Taxpayer

1-County Treasurer