

RETURN RECORDED DOCUMENT TO:

Ruth Lazelle
P.O. Box 582
CARSON, WA 98610



**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 \$85429	Year 1980	Make Rocks	Length/Width (feet) 70 x 28	Vehicle identification number (VIN) R8079BSN7791
2 Land				
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property Tax parcel no. 03082120290100 Legal description on page 4		
Lot 6	Block	Plat name or Section/Township/Range Rosenbach's CORNER BK B/Pg 40		Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page				
County number 30	No. registered owners 1	No. legal owners 1	Grantee name (if applicable)	
Name of registered owner Betty Stover			Washington driver license or UBI number	
Name of additional registered owner \$			Washington driver license or UBI number	
Address (Address, City, State, ZIP code) 12 Rosenbach Lane Carson WA 98610				
Name of legal owner Betty Stover			Washington driver license or UBI number	
Name of additional legal owner			Washington driver license or UBI number	
Address (Address, City, State, ZIP code) 120 Clear Creek Thompson Falls, MT 59873-9804				
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.				
X Ruth Lazelle PRP for Signature of registered owner and title, if applicable				
X Betty Stover AKA Betty B. Signature of additional registered owner and title, if applicable				
Notarization/Certification				
State of Washington County of Skamania		Signed or attested before me on 11/19/2015		
by Ruth E. Lazelle		by		
Print registered owner name Jaime Burden		Print registered owner name		
Notary printed or stamped name Agent		Notary signature 30-01		
Title		Dealer/county office number or notary expiration		

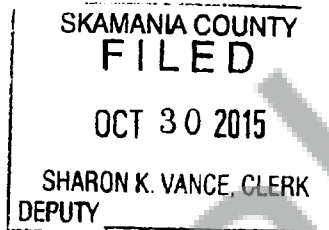
Manufactured home TPO/Plate number (from Section 1) _____

4 Title Company Certification		
PRINT or TYPE Name of person signing	Title company name	
Position	(Area code) Telephone number	
<p><i>I certify that the legal description of the land and ownership is true and correct according to the real property records.</i></p> <p style="text-align: center;">X _____ Signature Date</p>		
5 Building Permit Office Certification		
<p>I certify that</p> <p><input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.</p> <p><input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.</p>		
PRINT or TYPE Name of person signing	Building permit office	Building permit number
MARLON MORAT	SKAMANIA CO.	
Position	(Area code) Telephone number	
BUILDING INSPECTOR	509-427 3900	
<p style="text-align: center;">X <u>Marlon Morat</u> 11-19-15 Signature Date</p>		
6 Signature of Legal Owner(s)		
Signature of legal owner indicates consent for Elimination of Title or Removal from real property.		
<p>X <u>Ruth E Lazelle PRP for</u> Signature of legal owner and title, if applicable</p> <p>X <u>Betty Stover AKA Betty B. Blavin</u> Signature of additional legal owner and title, if applicable</p>		
Notarization/Certification	State of <u>WA</u> , County of <u>Skamania</u>	
	Signed or attested before me on <u>11/19/2015</u>	
(Seal or stamp) <u>Agent</u> <u>3007104</u>	by <u>Ruth Lazelle</u>	by _____
	Print legal owner name	Print legal owner name
	<u>Julie Borden</u>	<u>Julie Borden</u>
	Notary printed or stamped name	Notary signature
	<u>Agent</u>	and <u>3007104</u>
	Title	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.					
<div style="text-align: center;"> X Dealer authorized signature </div>					
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)					
PRINT or TYPE Name			County office/VFS operator number		
Jayne Borden			30-01-04		
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.					
<div style="text-align: center;"> X Jayne Borden 11/19/2015 Signature Date 302104 </div>					
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



**SUPERIOR COURT OF WASHINGTON
COUNTY OF SKAMANIA**

In the Matter of the Estate of:)

BETTY BERNICE BLOUIN,)
Deceased.)

No. **15 4 00018 6**

LETTERS TESTAMENTARY

STATE OF WASHINGTON)

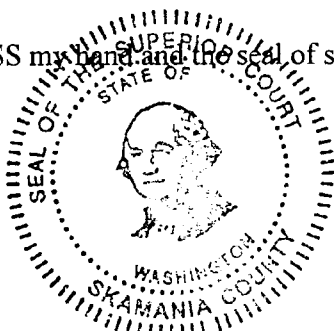
County of Skamania)

) ss.

WHEREAS, the last Will and Testament of Betty Bernice Blouin, deceased, was, on the 20th day of October, 2015, duly exhibited, proven, and recorded in our said Superior Court, and whereas it appears in and by said Will that Ruth E. LaZelle is appointed Personal Representative thereon, and whereas said Ruth E. LaZelle has duly qualified; now, therefore,

KNOW ALL MEN BY THESE PRESENTS, that we do hereby authorize the said RUTH E. LAZELLE to execute said Will according to law.

WITNESS my hand and the seal of said Court this 30th day of October, 2015.



Sharon K. Vance

Official Seal

Clerk of said Superior Court

Paula Diaz
Deputy

LTTRS TESTAMENTARY - Page 1

STATE OF WASHINGTON)
) ss.
 County of Skamania)

I, Sharon K Vance, County Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the above-entitled Court this 19 day of November, 2015.

Sharon K Vance
 Clerk of said Superior Court
Trace Cross
 Deputy

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

727447

I.D. TAG NO

STATE FILE NUMBER

1. Legal Name First: Betty Middle: Bernice Last: Blouin		2. Death Date August 26, 2015	
3. Sex Female	4. Age 96 years	5. Social Security Number	6. County of Death Hood River
7. Birthdate June 02, 1919	8. Birthplace Dutton, Montana	9. Decedent's Education 8th grade or less	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 12 Rosenbach Lane		14. City/Town Carson	15. Inside City Limits? Yes
16. Residence County Skamania	17. State or Foreign Country Washington	18. Zip Code + 4 98610	19. Marital Status at Time of Death Widowed
20. Spouse's Name Prior to First Marriage Joseph Omar Blouin		21. Usual Occupation Homemaker	
22. Kind of Business/Industry Own Home		23. Father's Name Albert Nowlin	
24. Mother's Name Prior to First Marriage Bernice Whorral		25. Informant's Name Ruth E. Lazelle	
26. Telephone Number Not Available	27. Relationship to Decedent Daughter	28. Mailing Address PO Box 582, Carson, WA 98610	
29. Place of Death Hospital-Inpatient		30. Facility Name Providence Hood River Memorial Hospital	
31. Location of Death 811 13th Street		32. City/Town or Location of Death Hood River	33. State Oregon
34. Zip Code + 4 97031	35. Method of Disposition Cremation	36. Place of Disposition Cascade Cremation Center	37. Location Tualatin, Oregon
38. Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Portland 832 NE Broadway Street, Portland, Oregon 97232			
39. Date of Disposition TBD		40. Funeral Director's Signature James B. Han	41. OR License Number CO-3753
42. Registrar's Signature Melinda Snow		43. Date Received SEP 30 2015	44. Local File Number 129-2015
45. Amendment			
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. Time of Death 1036		50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
51. Final disease or condition resulting in death - Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		52. IMMEDIATE CAUSE - a. MI Due to (or as a consequence of) - b. Due to (or as a consequence of) - c. Due to (or as a consequence of) - d. Due to (or as a consequence of) -	
53. Other significant conditions contributing to death but not resulting in the underlying cause given above: Dementia			
54. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		55. If Female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
56. Date of Injury (mm/dd/yyyy)		57. Time of Injury	
58. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		59. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
60. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)			
61. Describe how injury occurred			
62. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
63. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Ryan Petersen Po Box 149 Hood River, OR 97031			
64. Name and Title of Attending Physician if Other than Certifier			
65. Title of Certifier RYAN PETERSEN M.D. Attending		66. License Number MD29586	67. Date Signed (mm/dd/yyyy) 9/15/15
68. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		69. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
70. Amendment			

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

SEP 30 2015

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TREASURER'S TAX CERTIFICATION**GRANTOR / SELLER**

NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TAX PARCEL # 03082120290100DESCRIPTION OF MOBILE HOME: 1980 Roaks 70x28**GRANTEE / PURCHASER**NAME Ruth E La Zelle P.R. for
Betty B BlouinMAILING ADDRESS Betty Stover P.O. Box 582
Carson, WA 98610CITY/STATE/ZIP Thompson Falls, MT
59873-9504

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

R 8079BSN 7791 \$85429Physical
address =12 Rosenbach Lane

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

Ruth E La Zelle
Owner or AgentNov. 19, 2015
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 2015Vilma Orellana, Treasurer
Skamania County Treasurer or Deputy11-19-2015
Date☒ 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