AFN #2015002442 Recorded Nov 19, 2015 02:39 PM DocType: MFHOME Filed by: Page: 1 of 7 File Fee: \$79.00 Auditor Robert J. Waymire Skamania County, WA

RETURN RECORDED DOCUMENT TO:
Ruth Lazelle
P.O.Box 582
CARSON, WA 98610
washington state department of Manufactured Home Please check one:
washington state department of Application  Washington state department of Application  Washington state department of Please Check one:    Column
For full instructions on completing this form, see Manufactured Home Application Transfer in Location
Instructions, form TD-420-730.
1 Manufactured Home
TPO/Plate number Year Make Length/Width (feet) Vehicle identification number (VIN)
\$85429 1980 Roaks 70 x 28 R8079BSN7791
2 Land  Manufactured home will be Real property
Manufactured home will be Real property  Affixed Removed Tax parcel no. 03082/20290/00 Legal description on page
Lot , Block Plat name or Section/Township/Range , Quarter/Quarter section
6 Rosenbach's Corner BK B/Pg40
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  Setty 570000  Washington driver license or UBI number
Name of additional registered owner  Washington driver license or UBI number
Address (Address, City, State, ZIR code) 12 Rosenbach Lane Carson 114 98610
Name of legal owner Washington driver license or UBI number
Betty Stover
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.
Signature of registered owner and title, if applicable
* 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
(Setal or stability), My by Richly E. Latelle by
by Rith to Latelle by Print registered owner name  Dank Broken
Notary philted or stamped name  Notary signature
Title and J 3D C \ Dealer/county office number or notary expiration

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Manufactured nome 1PO/Plate number (170	əm Section 1)	
4 Title Company Certification		
PRINT or TYPE Name of person signing	Title company nar	me
Position		(Area code) Telephone number
I certify that the legal description of the land a	and ownership is true and cor	rect according to the real property records.
	X Signature	Date
5 Building Permit Office Certification	<u> </u>	
I certify that  the manufactured home has been affixed  a building permit has been issued for this p	I to the real property as descr ourpose and the attachment wil	Il be inspected upon completion.
PRINT or TYPE Name of person signing  MARLOW MORA	Building permit of SKAMAVI	1.0
Position BUILDING INSPECTO		(Area code) Telephone number
36 371	X Marko	March 11-1915
6 Signature of Legal Owner(s)	XI	
Signature of legal owner indicates consent for	or Elimination of Title or Rem	loval from real property.
(Sea of at and of the Spint leg	Signature of additional leg	toner ALA Betty B. galowner and title, if applicable Planing  Skamania
7 Land Description		
Legal description of land		

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		umber (from Section	<u> </u>		
8 Dealer Re	eport of Sale – S	elling dealer complet	e this section		
PRINT or TYPE De	ealer name			Washington dealer	number
Date of sale	Pt	ırchase price	Tax juris	diction/Tax rate	
☐ Sales Tax E	xempt – Sale to a	Certified Tribal membe	er on the reservation	(attach notarize	ed statement of delivery).
I certify that the	is information is co	rrect. The manufactur	ed home is clear of	encumbrances e	except as shown.
•	ales tax has been				
,,					
		<u>X</u>	,		
		De	ealer authorized signature	P (6.	/ N Y
9 County A	uditor/Agent Lic	ensing Office Ap	proval (not for use	by subagents)	7 77
PRINT or TYPE Na			County office/VFS		
Jan	ne Borde	<u>س</u>	30-	01-04	
1	•		lated formatly and	he applicant has	e sufficient
		appears to be comp e recording of this for		пе аррисані наз	Summerit
Goodinemation	, to proceed with th	e recerding or time for		C	11/01
		<i>→</i> ¬x	(Millel	byour	L 11/19/12015
		Si	gnature	31001104	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

AFN	#201	5002442 Page: 4 of 7
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•	3	SKAMANIA COUNTY
	4	FILED
	5	OCT 3 0 2015 SHARON K. VANCE, CLERK
	6 · · · · · · · · · · · · · · · · · · ·	DEPUTY
:	8	SUPERIOR COURT OF WASHINGTON COUNTY OF SKAMANIA
:	9	In the Matter of the Estate of:
	10	BETTY BERNICE BLOUIN,  No. 15 4 00018 6
	11	Deceased. ) LETTERS TESTAMENTARY
	12	
	13 14	STATE OF WASHINGTON ) ss.
	15	County of Skamania )
	16	WHEREAS, the last Will and Testament of Betty Bernice Blouin, deceased, was, on

WHEREAS, the last Will and Testament of Betty Bernice Blouin, deceased, was, on the 20 day of \_\_\_\_\_\_\_\_, 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 scal of said Cou	rt this 30th day of October, 2015.
EAL OF THE PART OF	Sharon K. Vance
The second secon	Official Seal  Clark of said Superior Court
AMANIA COLLA	Deputy

LTTRS TESTAMENTARY - Page 1

1	STATE OF WASHINGTON )
2	) ss. County of Skamania )
3	I, Sharon K Ville , County Clerk and Clerk of the above-
4	entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly
5	recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and
6	correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE
7	STILL OF FULL FORCE AND EFFECT.
8	IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the above-
9	entitled Court this 19 day of November, 2015.
10	Share Killiana I
11	Clerk of said Superior Gourt
12	Deputy (SOM)
13	Deputy
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70	LTTRS TESTAMENTARY - Page 2

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## STATE OF OREGON

CERTIFICATION OF VITAL RECORD

## OREGON HEALTH AUTHORITY 727447 CENTER FOR HEALTH STATISTICS

I.D. TAG NO					
Legal Name First Betty	Middle Bernice	Last Blouin		Suffix 2.	Death Date
3. Sex 4. /	ge 5. Socia	I Security Number		5. County of Deat	
Female 7. Birthdate	96 years			Hood River 9. Decedent's Edu	
June 02, 1919  10. Was Decedent of Hispanic Ori	Dutton, Montan	a 11. Decedent's Race(s)		8th grade o	or less
_ No	185	White		U.S. A	Decedent Ever in Armed Forces? NO
<ol> <li>Residence: Number and Street</li> <li>Rosenbach Lane</li> </ol>	et of standard		14. City/Town Carson		
15. Residence County Skamania	16. State or For		17. Zip Code + 4	18.	Inside City Limits?
19. Marital Status at Time of Deat		pouse's Name Prior to First A	98610 Marriage		Yes
Widowed 21. Usual Occupation	1 1 1 1 1 1 1 1 1	loseph Omar Blouin	22. Kind of Busine	se/industry	
Homernaker 23. Father's Name	<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>		Own Home		
Albert Nowlin		l Be	Nother's Name Prior to Fi ernice Whorrall		
25. Informant's Name Ruth E. Lazelle	26. Telephone N. Not Available	umber 27. Relationship to D Daughter	ecodent 28. Mailing Ac	ddress 32, Carson, WA	98610
29. Place of Death Hospital-Inpatient		30. Facility Name	od River Memorial	M. P. C.	<del>300.10</del>
31. Location of Death		32. City/Town or Loca		33. State 34.	Zip Code + 4
811 13th Street 36. Method of Disposition	36. Place of Dispos	Hood River		Oregon 37. Location	97031
Cremation	Cascade Crer	nation Center	- 4	Tualatin, Oreg	gon
38. Name and Complete Address Crown Memorial Center	Cremation & Burial	- Portland 832 NE B	roadway Street. P	Portland, Oregon	n 97232
39. Date of Disposition	40. Funeral Director	Signature	T. Coctronical	41. OR License No	umber
TBD 42, Ragietraç s Signature (	<b>→</b>	Julius up Juliu 43. Date Re	Sep 3 0 20	CO-3753	File Number
Muleu Dee	non		SEP 3 0 20	129-	
45. Anylindment	Marting TV				37 - F & S + F
45. Amendment			ili.v	-	17 Y 2 X 1
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OF OR GOV

DATE ISSUED:

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.

SEP 3 0 2015

JENNIFERA. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

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## TREASURER'S TAX CERTIFICATION **GRANTOR / SELLER GRANTEE / PURCHASER** Ruth E. La Zelle PR-fes NAME Betty B Blown NAME MAILING ADDRESS MAILING ADDRESS CITY/STATE/ZIP \_\_\_\_\_ TAX PARCEL # 03/082120290100 DESCRIPTION OF MOBILE HOME: 1980 Roaks Physical Rosenbach Lane (YEAR, MAKE, SIZE, MODEL AND SERIAL#) 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. 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 3015 11-19-H15 Date Skamania County Treasurer or Deputy 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**