
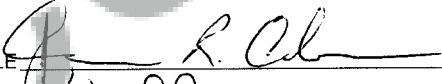
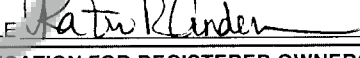
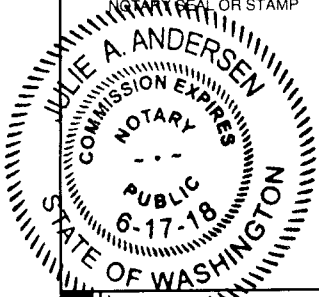

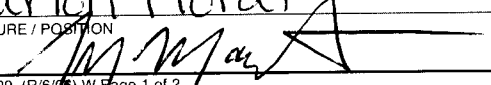


RETURN ADDRESS

James & Katrina Anderson  
PO Box 84  
Stevenson, WA 98648

RECEIVED  
SKAMANIA COUNTY  
FEB 25 2016  
COMMUNITY DEVELOPMENT  
DEPARTMENT

 WASHINGTON STATE DEPARTMENT OF LICENSING		<b>Manufactured Home Application</b>		<b>PLEASE CHECK ONE</b> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
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 46.12.210)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2016	Fleetwood	30 X 70	FLE2100R1S17104AB	
<b>2 LAND</b> <span style="float:right">LEGAL DESCRIPTION ON PAGE _____</span>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED <span style="float:right">REAL PROPERTY TAX PARCEL NUMBER 03-08-28-2-2-0310-00</span>					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
2		Old Airport Short Plat #2006164193			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> <span style="float:right">ADDITIONAL NAMES ON PAGE _____</span>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
James R. Anderson					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Katrina Anderson					
ADDRESS		CITY	STATE	ZIP CODE	
242 Old Airport Road		Carson	WA	98610	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
1st Security Bank of Washington					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
6920 220th Street SW		Mountlake Terrace	WA	98043	
<b>GRANTEE</b>					
NAME					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE 					
Signature of Additional Registered Owner and Title, IF APPLICABLE 					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington		Signed or attested before me on	
		County of Skamania		9/25/2015	
		by James R. Anderson		Signature 	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Katrina Anderson		Julie A Andersen	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY		6/17/2018	
<b>4 TITLE COMPANY CERTIFICATION</b>					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED)			TITLE COMPANY / PHONE NUMBER		
SIGNATURE / POSITION			DATE		
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)			BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #
Marlon Morat					
SIGNATURE / POSITION 					DATE 3/1/16

<b>MANUFACTURED HOME - FROM SECTION 1</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2016	Fleetwood	30 X 70		
<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Debbie Steck</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
<div><b>PENNY S. GRAF</b> NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 9, 2019</div>		State of Washington		Signed or attested	
		County of <u>Skamania</u>		before me on <u>9/30/19</u>	
		by <u>Debbie Steck</u>		Signature <u>Penny S. Graf</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
PRINT NAME OF LEGAL OWNER		County/Office No. OR		AND: Dealer No. OR	
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date <u>1/9/19</u>	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A tract of land in the Northwest Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 2, Old Airport Short Plat recorded in Auditor File No. 2006164193, Skamania County Records.					
<b>8 DEALER'S REPORT OF SALE</b>					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)			WA DEALER NUMBER		DATE OF SALE
PURCHASE PRICE			TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.					
NAME (TYPED OR PRINTED)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<u>NATHAN PHILLIPS</u>			<u>30-01</u>		
SIGNATURE <u>[Signature]</u>			DATE		<u>3/2/2016</u>
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<b>IMPORTANT:</b> Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.					
<b>APPLICANTS:</b> Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.					
For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.					

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.