AFN #2016001534 Recorded Aug 02, 2016 01:12 PM DocType: MFHOME Filed by: MARY ELLEN ESSEX Page: 1 of 3 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County, WA

RETURN RECORDED DOCUMENT TO:	
Tim * Mary Ellen Essex	
PC BUX 92	
Steirnson Wa	
98648	
WASHINGTON STATE DEPARTMENT OF Manufactured Home	Please check one:
Co. LICENSING Application	
For full instructions on completing this form, see Manufactured Home Applications, form TD-420-730.	Removal from Real Property
1 Manufactured Home	
TPO/Plate number Year Make Length/Width (feet) Vehicle ident	tification number (VIN)
293539 1968 Break 52 x 70 610	
2 Land	800-00
I Julia I Lui acture di Ilionia d	scription on page
Plat name or Section/Township/Range	Quarter/Quarter section
whiteheld >4	Su/Su 17
3 Grantor(s) Registered/Legal Owner(s) - Additional names on particular to the country sumber. No registered owners No legal owners Grantee name (if the country sumber Grantee name (if the country sumber sum	geannlicable)
County number No. registered owners No. legal owners Grantee name (if	арриодого
Name of registered owner	Washington driver license or UBI number
Tim Essex	ESSCATE 336 RF
Name of additional registered owner	Washington driver license or UBI number
Madress (Address, City State, ZIP code)	
Address (Address, City State, 21 Code)	1600
Name of legal owner	Washington driver license or UBI number
	Washington driver license or UBI number
Name of additional legal owner	· · · · · · · · · · · · · · · · · · ·
Address (Address, City State, ZIP code)	
	that Laminus are the registered
I declare under penalty of perjury under the laws of the state of Washington owner(s) of this manufactured home and the foregoing information is true as	nd correct.
owner(s) of this manufactured norms and the large way	
Signature of registered owner	er and title, if applicable
X 1/10 y E-112 Signature of additional regist	tered owner and title, if appricable
1,002,,	Skamania
	VIDE C +
. II	111 1111 1111
(Sear or stamp)	Print registered owner name
STATE OF WASHINGTON James Burden	Notary signature
COMMISSION EXPIRES Notary printed or stamped name FEBRUARY 15, 2019	nd 0-/15/2019
Title	Dealer/county office number or notary expiration

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Title Company Certific	ation		
PRINT or TYPE Name of person signing			
			(Area code) Telephone number
Position			
cortify that the legal description	on of the land and owne	ership is true and c	correct according to the real property recor
Corny that the logal accompany		· •	
		Signature	Date
Building Permit Office	Certification		
certify that	<u>Certification</u>		* (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
the manufactured home ha	s been affixed to the re	eal property as de	scribed.
\square a building permit has been is	sued for this purpose a	and the attachment	will be inspected upon completion.
PRINT or TYPE Name of person signing	rat	Building perm	it office Building permitt number
<u> </u>	141		(Area code) Telephone number
Position Building Ir	1spector	(ha)	11 - 1(509)477-39
		11/1/	1 acc 8.2.1
_	E. 2	Signature	Dafe
Signature of Legal Ov	(mor(s)		-
		i at Tilla av D	lamoual from roal property
Signature of legal owner indic	ates consent for Elimi	nation of Fille of H	terrioval from real property.
		X	
		Signature of legal ow	ner and title, if applicable
		Signature of addition	al legal owner and title, if applicable
- 46			_ `
Notarization/Certification	State of	, Coun	ty of
	Signed or attested	before me on	
(Seal or stamp)	by	7 1	by
1	Print legal owner	name	
	Notary printed or	stamped name	Notary signatureand
	Title		Dealer/county office number or notary exp
Land Description			
		- (Ci + - > 1 1
10+2 of	The whit	tehond	Short Plat
. / ♀	lilators u	unden 14	uditors till
Ascorged o	114103		Const. record
20051587	343 SK	manu	· Country record
the state of the s	^	rishing.	
Siconono	Co Co	. 5,000	-

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lanufactured home TPO/Plate	e number (from Section 1).			
B Dealer Report of Sale	 Selling dealer complete th 	is section	· · ·	
PRINT or TYPE Dealer name			Washington dealer number	
		Taviusi	sdiction/Tax rate	
Date of sale	Purchase price	lax juli	SQICTION TAX TATE	
☐ Sales Tax Exempt – Sale to	a Certified Tribal member o	n the reservatio	n (attach notarized	statement of delivery).
I certify that this information is	correct. The manufactured	home is clear of	f encumbrances ex	cept as shown.
Any required sales tax has be	en collected.			
,, ,	v		_	
	X Deale	r authorized signatu	re	A 7
9 County Auditor/Agent	Licensing Office Appr	oval (not for us	e by Subagerits)	
PRINT or TYPE Name County office/VFS operator number 30 - 01 - 19				
NATHAN PHIL	<u>1163</u>			- (f: -i t
I certify that the above applicated documentation to proceed with	ation appears to be completed that the recording of this form.	ed correctly, and	i the applicant has	sumicient
	Signa	iture		Date
IO THE FOOD		1		
10 Title Fees Filing fee Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
Filling lee 74ppiloation		*	-	
)		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