AFN #2016002187 Recorded Oct 20, 2016 11:55 AM DocType: MFHOME Filed by: Simplifile Page: 1 of 6 File Fee: \$78.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:

Wells Fargo Bank N.A. 2701 Wells Fargo Way, MAC N9287-011 Minneapolis, MN 55467

DOCUMENT	TILLE	(S):		
Manufactured	Home	Affidavit	of.	Affixation

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

HOMEOWNER:

TO AS ASSESSMENT OF THE TOTAL ASSESSMENT OF THE TAXABLE PROPERTY OF TA

Nicole Chaffin and Kyle E. Chaffin

LENDER:

Wells Fargo Bank N.A.

LEGAL DESCRIPTION:

A portion of Lot 5 of SKAMANIA ELECTRIC ADDITION, recorded in Book 'A' of Plats, Page 42, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Stewart Crews Short Plat, recorded in Book 'T' of Plats, Page 86, Skamania County Records.

TAX PARCEL NUMBER(S): 03-07-36-1-3-0800-00

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Skamania County, WA

Place of Recording

Record & Return by $[\boxtimes]$ Mail $[\bigsqcup]$ Pickup to:

Wells Fargo Bank N.A. 2701 Wells Fargo Way, MAC N9287-011 Minneapolis, MN 55467

Tax Parcel No. 03073613080000

Legal Description is at page 2.

1	–	
Lot	Block	Plat or Section
Township Range		Quarter/Quarter Section

This Instrument Prepared By:

Preparer's Signature

Ross Sigler	Wells Fargo Bank N.A.
Preparer's Name	Lender's Name
Loan Servicing Specialist	2701 Wells Fargo Way, MAC X9998-01L
Preparer's Title	Lender's Address 1
2701 Wells Fargo Way, MAC N9287-011	Minneapolis, MN 55467
Preparer's Address I	Lender's Address 2
Minneapolis, MN 55467	Nicole Chaffin
Preparer's Address 2	Homeowner's Name(s)
651-605-4178	Kyle E Chaffin
Preparer's Telephone Number	Homeowner's Name (s)
	722 NW Gropper RD
	Homeowner's Address 1
Rosa Sigler	Stevenson, WA 98648

Homeowner's Address 2

MANUFACTURED HOME AFFIDAVIT OF AFFIXATION

Homeowner, being duly sworn, on his or her oath, states as follows:

1. Homeowner owns the manufactured home ("Home") described as follows:

Used/1997	Marlette	NA NA	H013884AB	42 X 28
New/Used Year	Manufacturer's Name	Model Name or Model No.	Manufacturer's Serial No.	Length / Width

ATTENTION COUNTY CLERK: This instrument covers goods that are or are to become fixtures on the Land described herein and is to be filed in the real estate conveyance records.

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Manufactured Home Affidavit of Affixation

Rev. 01/06/09

- 2. The Home was built in compliance with the federal Manufactured Home Construction and Safety Standards Act,
- 3. If the Homeowner is the first retail buyer of the Home, Homeowner is in receipt of (i) the HUD installation standards disclosure, (ii) the manufacturer's warranty for the Home, (iii) the Consumer Manual for the Home, (iv) the Insulation Disclosure for the Home, and (v) the formaldehyde health notice for the Home.
- 4. The Home is or will be located at the following "Property Address":

722 NW Gropper RD	Stevenson	Skamania	WA	98648
Street or Route	City	County	State	Zip Code
A portion of Lot 5	on of the Property Ao of SKAMANIA ELF of Washington, desc	ECTRIC ADDITION, rec	corded in Book 'A' of	Plats, Page 42, in the County
Lot 1 of the Stewar	t Crews Short Plat, r	ecorded in Book T of P	lats, Page 86, Skama	nia County Records.

- 6. The Homeowner is the owner of the Land or, if not the owner of the Land, is in possession of the real property pursuant to a lease in recordable form, and the consent of the lessor is attached to this Affidavit.
- 7. The Home [X] is [X] shall be anchored to the Land by attachment to a permanent foundation, in accordance with applicable federal, state and local building codes and manufacturer's specifications, and permanently connected to appropriate residential utilities (e.g., water, gas, electricity, sewer) ("Permanently Affixed"). Homeowner intends that the Home be an immoveable fixture and a permanent improvement to the Land.
- 8. The Home shall be assessed and taxed as an improvement to the Land.
- 9. Homeowner has obtained or shall obtained all permits and certifications required by governmental authorities.
- 10. If Homeowner is the owner of the Land, any conveyance or financing of the Home and the Land shall be a single transaction under applicable state law.

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affect	than those disclosed in this Affidavit, Homeo ting the Home, (ii) any facts or information kno title of the Home or the existence or non-existe	own to the Homeowner that cou	ther claim, lien or encumbrance ald reasonably affect the validity
12. [Hom the Manuf	neowner shall initial only one of the following, factured Home and Land Supplemental Closing	as it applies to title to the Home Instructions for completion inst	e. Closing Agent: please refer to tructions]:
[[]]	The Home is not covered by a certificate o endorsed to the Homeowner, is attached to records of the jurisdiction where the Home is	this Affidavit, or previously wa	urer's certificate of origin, duly as recorded in the real property
[[]	The Home is not covered by a certificate of ti to produce the original manufacturer's certific	tle. After diligent search and in ate of origin.	quiry, the Homeowner is unable
[🛛]	The manufacturer's certificate of origin and/eliminated as required by applicable law.	or certificate of title to the Hor	me [□] shall be [☑] has been
[[]]	The Home shall be covered by a certificate of	title.	
13.	This Affidavit is executed by Homeowner(s)		3

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IN WITNESS WHEREOF, Homeowner(s) ha	as executed this Affida	vit in my presence and in the presence of the	
undersigned witnesses on this 19th	day ofC+C	ber , 2016.	
Male Chone	(Seal)	Witness	_ (Seal)
Nicole Chaffin			-
Printed Name	A™ .	Printed Name	
Kefe E. Chaff Honeowner #2 Kyle E Chaffin	(Seal) 	Witness Printed Name	_ (Seal _ _
Printed Name	<i>- 11 .</i>	Timed Natio	
	(Seal)		_ (Seal
Homeowner #3		Witness	_
Printed Name	(Scal)	Printed Name	- (Seal
Homeowner #4		Witness	_
			_
Printed Name	//	Printed Name	
	W 1		

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Manufactured Home Affidavit of Affixation

STATE OF MASILLAGON) ss.:

COUNTY OF SCANNARD) ss.:

COUNTY OF SCANNARD) in the year All before me, the undersigned, a Notary Public in and for said State, personally appeared Nicole Chaffin and Kyle E Chaffin, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is are entried to the within instrument and aeknowledged to me that he she they executed the same in his network their capacity (ics), and that by his he (their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Printed Name

Notary Public; State of Masker Good Qualified in the County of Skannard My commission expires: A AND Official Seal.

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Manufactured Home Affidavit of Affixation

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