

RETURN RECORDED DOCUMENT TO:

Michael A. Smith
PO Box 496
North Bonneville, WA 98039



Manufactured Home Application

For full instructions on completing this form, see **Manufactured Home Application Instructions**, form TD-420-730.

Please check one:

- ☒ Title Elimination
☐ Transfer in Location
☐ Removal from Real Property

1 Manufactured Home

Title purpose only (TPO)/Plate no.	Year	Make	Length/Width (feet)	Vehicle identification no. (VIN)
1101076	1997	marie	40x28	1H01476

2 Land

Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed	Real property Tax parcel no. 02-06-34-00-1904-00	Legal description on page
Lot	Block	Plat name or Section/Township/Range
		Quarter/Quarter section

3 Grantor(s) Registered/Legal Owner(s) - Additional names on page

County no.	No. registered owners	No. legal owners	Grantee name (if applicable)
	1	1	
Name of registered owner Michael A. Smith			Washington driver license or UBI no. Smith, M A 503DT
Name of additional registered owner 32442 State Rt. 14 Skamania, WA 98048			Washington driver license or UBI no.
Address (Address, City, State, ZIP code) Same			
Name of legal owner			Washington driver license or UBI no.
Name of additional legal owner			Washington driver license or UBI no.
Address (Address, City, State, ZIP code)			

I certify 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.

1/4/17 SKAMANIA

Date and place (city or county) signed

X

Registered owner signature

Title, if signing for a business

Date and place (city or county) signed

X

Registered owner signature

Title, if signing for a business

Notarization/Certification

State of

Washington

County of

Skamania

Signed or attested before me on 01-04-17

(Seal or stamp)

by

Michael A. Smith

by

Notary printed or stamped name

Print registered owner name

Notary printed or stamped name

Notary signature

Title

and

30-01

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 no.	
I certify that the legal description of the land and ownership is true and correct according to the real property records.		
X Signature _____ Date _____		
5 Building Permit Office Certification		
I certify that		
<input checked="" 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.		
PRINT or TYPE Name of person signing	Building permit office	Building permit no.
Marlon Morat		
Position	(Area code) Telephone no.	
Building Inspector	(509) 427-3900	
X Signature _____ Date 1-5-17		
6 Signature of Legal Owner(s)		
Signature of legal owner indicates consent for Elimination of Title or Removal from real property.		
X Legal owner signature _____ Title, if signing for a business _____		
X Legal owner signature _____ Title, if signing for a business _____		
Notarization/Certification	State of _____, County of _____	
	Signed or attested before me on _____	
(Seal or stamp)	by _____ Print legal owner name	by _____ Print legal owner name
	Notary printed or stamped name _____	Notary signature _____
	Title _____	and X Dealer/county office number or notary expiration _____
7 Land Description		
Legal description of land		
LOCATED BETWEEN S.R. 14 AND RAILROAD TRACKS, OF 0.91 ACRES MORE OR LESS. IN THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 34, T2 N., R.6 E.W.M.		

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 no.	
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 under penalty of perjury under the laws of the state of Washington that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected.					
Date and place (city or county) signed			X Dealer authorized signature		
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)					
PRINT or TYPE Name			County office/VFS operator no.		
NATHAN PHILLIPS			300119		
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.					
X			300119		01/05/2017
Signature			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