

RETURN RECORDED DOCUMENT TO:

Jennifer Dawn Nowak

941 SW 34th Street  
Redmond, OR 97756



**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 1991	Make Silvercrest	Length/Width (feet) 27 x 56	Vehicle identification no. (VIN) 17706635
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**2 Land**

Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed	Real property Tax parcel no. 0205282001010	Legal description on page 2
Lot 1	Block	Plat name or Section/Township/Range Kent Short Plat S28,T2N EWM
		Quarter/Quarter section NW QTR

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

County no.	No. registered owners	No. legal owners	Grantee name (if applicable)
Name of registered owner Jon Leo Klopfenstein			Washington driver license or UBI no. OR 7645235
Name of additional registered owner Jennifer Dawn Nowak Marcie Kay Schoonmaker			Washington driver license or UBI no. OR 8750159
Address (Address, City, State, ZIP code) 252 Sievers Rd Washougal Wa 98671			
Name of legal owner Same As Registered			Washington driver license or UBI no.
Name of additional legal owner Marcie Kay Schoonmaker			Washington driver license or UBI no. MS 801186311
Address (Address, City, State, ZIP code)			

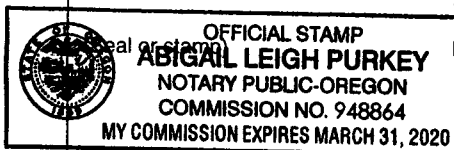
I certify under penalty of perjury under the laws of the state of Washington that I am/we are the registered owner(s) of this manufactured home and the foregoing information is true and correct.

6/27/17 Deschutes	X John Leo Klopfenstein	
Date and place (city or county) signed	Registered owner signature	Title, if signing for a business
6/27/17 Deschutes	X Jennifer Dawn Nowak	
Date and place (city or county) signed	Registered owner signature	Title, if signing for a business

**Notarization/Certification**

State of Oregon, County of Deschutes

Signed or attested before me on June 27, 2017



by <u>Jon Leo Klopfenstein</u>	by <u>Jennifer Dawn Nowak</u>
Print registered owner name	Print registered owner name
<u>Abigail Leigh Purkey</u>	X <u>Abigail Leigh Purkey</u>
Notary printed or stamped name	Notary signature
<u>MSR IV</u>	<u>03/31/2020</u>
Title	and Dealer/county office number or notary expiration

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Name of legal owner Same As Registered			Washington driver license or UBI no.	
Name of additional legal owner Marcie Kay Schoonmaker			Washington driver license or UBI no. MS 801186311	
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.				
6/20/2017 Waynesboro, MS.		X Marcie Kay Schoonmaker		
Date and place (city or county) signed		Registered owner signature Title, if signing for a business		
Date and place (city or county) signed		Registered owner signature Title, if signing for a business		
Notarization/Certification		State of MS, County of Wayne		
Signed or attested before me on June 20, 2017		by Marcie Kay Schoonmaker		
Print registered owner name Patsy Brewer		Print registered owner name X Patsy Brewer		
Notary printed or stamped name Libby Director		Notary signature		
Title		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.		
<b>X</b> 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	Stevenson	
Position	(Area code) Telephone no.	
Building Inspector	509 427 3900	
<b>X</b> Signature		Date
		7.17.17

**6 Signature of Legal Owner(s)**

Signature of legal owner indicates consent for Elimination of Title or Removal from real property.

<b>X</b>	Legal owner signature	Title, if signing for a business
<b>X</b>	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 \_\_\_\_\_ by \_\_\_\_\_

Print legal owner name 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

A tract of land in NW Qtr of Sec 28, Township 2 North Range East of the Willamette Meridian, described as follows: Lot 1 of Kent Short Plat recorded April 27, 1979 in Book 2 of short plats, Page 102 Auditors File No. 88432, Records of Skamania County WA

Reserving unto the sellers, their heirs and assigns, the right of ingress, egress and utilities over and across Sievers Road, a private road.

Granting to the purchasers, their heirs and assigns, the right of ingress, egress and utilities, in common with others, over and across Sievers Road, a private road and connecting with LaBarre Road.

Parcel #02052820010100

Manufactured home TPO/Plate number (from Section 1) \_\_\_\_\_

<b>8 Dealer Report of Sale</b> – 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	
<b>9 County Auditor/Agent Licensing Office Approval</b> (not for use by subagents)					
PRINT or TYPE Name NATHAN PHILLIPS			County office/VFS operator no. 30-01-19		
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 Signature			300119 Date 07/18/2017		
<b>10 Title Fees</b>					
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