AFN #2017001838 Recorded Aug 29, 2017 04:10 PM DocType: MFHOME Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 2 File Fee: \$74.00 Auditor Robert J. Waymire Skamania County, WA

RETURN ADDRESS

	y Title	
1400 Washing	gton Street	
Vancouver, V	T .	
Attn: Chery	L Flack No. 129789	
WASHINGTON STATE DEPARTMENT OF LICENSING Anyone who knowingly make of a felony, and upon convic	Manufactured Home Application es a false statement of a material fact is guiction may be punished by a fine, imprisonm	k ITITLE ELIMINATION ☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROPERTY
1 MANUFACTURED HOME		
TPO / PLATE NUMBER YEAR		HICLE IDENTIFICATION NUMBER (VIN)
±122907 1993		GDSTORO59718793 ESCRIPTION ON PAGE
	Г	REAL PROPERTY TAX PARCEL NUMBER
		02 05 27 00 0 801 00 QUARTER/QUARTER SECTION
LOT 3	PLAT NAME OR SECTION/TOWNSHIP/RANGE CLIFFORD F + DOLORES	
3 GRANTOR(S) REGISTER	RED/LEGAL OWNER(S) ADDITIO	NAL NAMES ON PAGE
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER
JAMES M	MOORE III	
NAME OF ADDITIONAL REGISTERED O		DOL CUSTOMER ACCOUNT NUMBER
ADDRESS	SUE MOORE	STATE ZIP CODE
321 HIL	LTOP ROAD WASHOUGAI	
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL OWNER	'ARGO HOME MORTGAGE	DOL CUSTOMER ACCOUNT NUMBER
	0120435219	
ADDRESS	CITY	STATE ZIP CODE
GRANTEE 405 SW	5th Street Des Moine	es, IA 50309
NAME		
I DO SOLEMNLY ATTEST UN	NDER PENALTY OF PERJURY THAT I / WE A	AM/ARE THE REGISTERED OWNER(S) OF THIS
VEHICLE AND THIS INFORM	ATION IS ACCURATE:	
Signature of Registe	red Owner and Title, IF APPLICABLE	- Browelf
Signature of Additional Registe	ered Owner and Title, IF APPLICABLE	Eton Sue Moore
NOTARY SEAL OR STAMP		OR REGISTERED OWNER(S) SIGNATURE
	State of ALASKA COUNTY of Lindical Dis	517, Ct Signed or attested before me on Will 19,2010
TARY PUBLIC	County of	Delote the on Francisco
AURA TYLER	by JOWIS MORE THE	Signature Journal Cy Cy NOTARY OR AGENT
TE OF ALASKA SION EXPIRES January 25, 2014	by Betsu sie mode	Laura Cyleo
	PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY  County Office No. OR
,	Title Notaxy  DEALERSHIP POSITION/AGENT/NOTARY	AND: Dealer No. OR 115531  Notary Expiration Date, January 25
4 TITLE COMPANY CERTIF	<del> </del>	District Paris Grant Car
	on of the land and ownership is true and correc	
NAME (TYPED OR PRINTED)	litte co	MPANY/PHONE NUMBER  KOUNTY TITLE
SIGNATURE / POSITION	10 . 0	DATE
V 1/ · .	Fluid. Iscrow of ple	fol
Chuy li	a riconging Adopt within 10 calondar/days c	of the date Title Company Representative signs.
5 BUILDING PERMIT OFFICE	CE CERTIFICATION	property as described.
5 BUILDING PERMIT OFFICE  I certify that:	CE CERTIFICATION  Inufactured home has been affixed to the real pling permit has been issued for this purpose an	d the attachment will be inspected upon completion.
5 BUILDING PERMIT OFFICE	CE CERTIFICATION	d the attachment will be inspected upon completion.
5 BUILDING PERMIT OFFICE  I certify that:	CE CERTIFICATION  Inufactured home has been affixed to the real pling permit has been issued for this purpose an	d the attachment will be inspected upon completion.

AFN	#2017	001838	Page:	2	of	2
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MANUFACTURED HO	ME - FROM S	ECTION 1	•					
TPO / PLATE NUMBER	YEAR I	MAKE	LENGTH/WIDT	H(FEET) V	EHICLE IDENT	IFICATION NUMBER	R (VIN)	$\overline{}$
+ 122907	1997	GUERD	60 X 8	36	GDST	OR 0597	18 19	<i>3</i>
SIGNATURE OF LE					•			
SIGNATURE OF LEGA						,	OM REAL F	PROPERTY.
Signature of I	_egal Owner ar	nd Title, IF APPI	LICABLE	_/ WE!	is FAR	G <b>Ø</b>		
Signature of Additional L	egal Owner ar	nd Title, IF APPI	LICABLE					
NOTARY SEAL OR STA	MP	NOTARIZ	ZATION/CER	TIFICATION	ON FOR LE	GAL OWNER(	S) SIGNAT	URE
	State	of Washington	}			Signed or atteste	ed	L "
	i	County of	·			before me		
	i					- N		
	j by _	RINT NAME OF LEG	NAL OWNED		Signa	ature	ACENT	
	i "	AINT NAME OF LEG	AL OWNER	i.		NO PART OF	ndLIV!	
	by =	RINT NAME OF LEG	AL OWNER		PRINT	ED NAME OF NOTA	BY	
	i		IAC OTTICAL	4	700	County/C	Ifice No. OF	
	' Title	EALERSHIP POSITI	ON/AGENT/NOT	ARY	_		ealer No. <b>OF</b> piration Date	
7 LAND DESCRIPTION					ed from the		<u> </u>	
LAND DESCRIPTION	7NY (A legal u	escription of the	ie iana can i	Je Obtain	sa nom the	, local oddity	A3303301	5 6711007
recorde	đ in Bool	k "2" of	Short P.	lats,	page 71	Orth's S l, under A Washingto	uditor	
	$\bigcirc$				_			)
B DEALER'S REPOR		<del></del>					=0 =V0=	T 40 OLIGHAL
I CERTIFY THAT TH ANY REQUIRED SA				HCLE IS	JLEAR OF	ENCUMBRANC	ES EXCEI	71 AS SHOWN.
DEALER NAME (TYPED OR P		J DELIN GOLD	OILD.	7	WA DEALE	RNUMBER	DATE OF	SALE
PURCHASE PRICE	TAX JURISDIC	CTION/TAX RATE	DEALER'S AUT	HORIZED SI	GNATURE			
USE TAX EXE	USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).							t of delivery).
9 COUNTY AUDITOR								
I certify that the above ap with the recording of this		ars to have beer	ompleted o	orrectly, a	nd the appli	cant has sufficie	nt documer	itation to proceed
NAME (TYPED OR PRINTED)					COUNTY	FFICE/VFS OPERA	FOR NUMBER	;
Korina	Larso	·			<u>  'ろ</u> '	<u> </u>		
SIGNATURE		<u> </u>					DATE	29117.
TITLE FEES								
FILING FEE A	PPLICATION	MOBILE HO	OME FEE	ELIMINATIO	N FEE	USE TAX		AGENT FEES
Lice Ret	ensing Office ain proof of t ir original app	he recording folication form,	plication for ees paid. If obtain a ce	m to the the Reco rtified co	County Re ording Offi py of the r	ecording Office ce retains ecorded form.	e. 	AL FEES & TAX
APPLIC	Ma lic	anufactured H ensing subage	ome Applic ents charge	ation, pay a service	ying all red e fee.	icensing office quired fees. Ve	ehicle	
For full inst Transfer in	ructions on c Location, se	ompleting this e form TD-420	form for Ti 0-730, Man	tle Elimin ufactured	ation, Rer Home Ap	noval from Re pplication Instr	al Proper uctions.	ty or