AFN #2017001977 Recorded Sep 20, 2017 01:41 PM DocType: MFHOME Filed by: David Lee Brannum Page: 1 of 3 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County, WA

| RETURN RECORDED DOCUMENT  | TO:   | •                          |   |
|---|---|----------------------------|---|
| DAVID LEE BRANNUM   | ·   | •                          |   |
| 191 HIGHLAND RD<br>WASHOUGAL, WA 98671                                |   | •<br>•                     |   |
|   |   | •                          |   |
| WASHINGTON STATE DEPARTMENT OF LICENSING                              | Manufactured Ho   | · •                        | ease check one:<br>itle Elimination                             |
| For full instructions on completing<br>Application Instructions, form | g this form, see <b>Manufactured Ho</b><br>TD-420-730.                    | Offic                      | ransfer in Location<br>lemoval from Real Property               |
| 1 Manufactured Home   |   |                            |   |
| Title purpose only (TPO)/Plate no. Yes N/A                            | ar Make Length/Width<br>978 HILLCRE 60 X                                  |                            |   |
| 2 Land  |   |                            | ·   |
|   | al property 02051920011800  | Legal description o        | n page 2  |
| Lot Block   | Plat name or Section/Township/  |                            | Quarter/Quarter section   |
| 3 Grantor(s) Registered/  | Legal Owner(s) - Additional na  | ames on page               |   |
|   |   | antee name (if applicable) |   |
| Name of registered owner BRANNUM, DAVID LEE                           |   |                            | nington driver license or UBI no. ANNDL374BR                    |
| Name of additional registered owner                                   |   | Wash                       | nington driver license or UBI no.                               |
| Address (Address, City, State, ZIP code<br>191 HIGHLAND RD WAS        |   |                            |   |
| Name of legal owner   |   | Wasi                       | nington driver license or UBI no.                               |
| Name of additional legal owner  | 1   | Wasi                       | nington driver license or UBI no.                               |
| Address (Address, City State, ZIP code,                               | , ;   |                            |   |
|   | ry under the laws of the state of W<br>home and the foregoing information |                            |   |
| 7/20/17 Stevenson   | WA Conse  | Lies                       |   |
| Date and place (city or county) signed                                | Registered owner sig  |                            | Title, if signing for a business                                |
| Date and place (city or county) signed                                | Registered owner sign   |                            | Title, if signing for a business                                |
| Notarization/Certification  | State of Signed or attested before me on                                  | 9/20/20/                   | 7   |
| (Seal or stamp)   | by DAVID BRANK  | oum by                     |   |
|   | Print registered owner name   | 25 Print regis             | ered ownermans  |
| `   | Notary printed or stamped name  | Notary sig                 | 30-01   |
| TD-420-729 (B/8/16)WA Page 1 of 3                                     | Title   |                            | unty office number or notary expiration  Continued on next page |

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TD-420-729 (R/8/16)WA Page 2 of 3

| Manufactured home TPO/Plate number (from Section 1) N/A |                                       |                                  |  |  |  |  |  |
|---|---------------------------------------|----------------------------------|--|--|--|--|--|
| 4 Title Company Certification                           |                                       |                                  |  |  |  |  |  |
| PRINT or TYPE Name of person signing                    |                                       | Title company name               | 0 = 11   |  |  |  |  |
| Kelli Marshall  |                                       | <u> Columbia</u>                 | Gorge Title  |  |  |  |  |
| Position Title Officer                                  |                                       | ·                                | (Area code) Telephone no. 509- 437-5661                            |  |  |  |  |
| Legal description of t                                  | he land and ownersh                   | ib is true and correct a         | ccording to the real property records.                             |  |  |  |  |
|   | X Signature                           | Malle                            | 1111 9-20-17 Date  |  |  |  |  |
| 5 Building Permit Office Cer                            | tification                            |                                  |  |  |  |  |  |
| Certify that<br>  |                                       |                                  |  |  |  |  |  |
| PRINT or TYPE Name of person signing                    |                                       | Building permit office           | Building permit no.  |  |  |  |  |
| Position  | . (                                   | . 4                              | (Area code) Telephone no.  |  |  |  |  |
|   | х                                     |                                  |  |  |  |  |  |
|   | Signature                             |                                  | . Date   |  |  |  |  |
| 6 Signature of Legal Owner(                             | s)                                    | - T                              |  |  |  |  |  |
|   | Legal owr                             | er signature<br>er signature     | Title, if signing for a business  Title, if signing for a business |  |  |  |  |
|   | State of<br>Signed or attested before | e me on                          |  |  |  |  |  |
|   | ру                                    | by .                             |  |  |  |  |  |
|   | Print legal owner name                |                                  | Print legal owner name   |  |  |  |  |
|   | Notary printed or stamp               | ed name                          | Notary signature   |  |  |  |  |
|   | Title                                 | and 2                            | Dealer/county office number or notary expiration                   |  |  |  |  |
| 7 Land Description                                      |                                       |                                  |  |  |  |  |  |
| Legal description of land                               |                                       |                                  |  |  |  |  |  |
| LOT 20, SKAMANIA HIGHL<br>BOOK "A" OF PLATS, PAGE       | ANDS, ACCORD<br>140, RECORDS (        | ING TO THE PLA<br>OF SKAMANIA CO | T THEREOF, RECORDED IN<br>OUNTY, WASHINGTON                        |  |  |  |  |
|   |                                       |                                  | ,  |  |  |  |  |
|   |                                       |                                  | ,  |  |  |  |  |
|   |                                       |                                  | ,  |  |  |  |  |
|   |                                       |                                  |  |  |  |  |  |
|   |                                       |                                  | '  |  |  |  |  |
|   |                                       |                                  | 1  |  |  |  |  |

Continued on next page

|  | home TPO/Plate nu   |   |  |   |                                     |  |
|--|---|---|--|---|-------------------------------------|--|
| 8 Dealer Report of Sale – Selling dealer complete this section PRINT or TYPE Dealer name |   |   |  | Washington dealer no.                   |                                     |  |
| Date of sale   | Puro  | chase price                                   | Tax juris  | Tax jurisdiction/Tax rate               |                                     |  |
| Sales Tax  | Exempt - Sale to a Co   | ertified Tribal member                        | on the reservation   | (attach notarized                       | l statement of delivery).           |  |
| manufactured   | r penalty of perjury ur<br>I home is clear of end<br>sity or county) signed | umbrances except as                           | ate of Washington<br>shown. Any requirents<br>thorized signature   | that this informat<br>red sales tax has | ion is correct. The been collected. |  |
|  | Auditor/Agent Lic   | ensing Office App                             | roval (not for use   | by subagents)                           |                                     |  |
| PRINT OF TYPE I  | Name /  |   | County office/VFS of 30011   | perator no                              | ``.                                 |  |
| I certify that t   | he above application<br>in to proceed with the                              | appears to be complete recording of this form | 300  |   | sufficient  G/20/2017  Date         |  |
| 10 Title Fee   | es .  |   | The Party of the P |   |                                     |  |
| Filing fee   | Application   | Mobile home fee                               | Elimination fee  | Use tax                                 | Subagent fees                       |  |
|  |   |   | <b>•</b>   |   | 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