AFN #2017002422 Recorded Nov 16, 2017 02:07 PM DocType: MFHOME Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 5 File Fee: \$78.00 Auditor Robert J. Waymire Skamania County, WA

RETURN RECORDED DOC	UMENT TO:			
Ada B. Edmonds				•
PO Box 978				
Manson, WA 98831				
WASHINGTON STATE DEPARTMEN LICENSIN For full instructions on co Application Instructions	G mpleting this	Application Applic	ured Home cation _{factured Home}	Please check one: ☑ Title Ellmination ☐ Transfer in Location ☐ Removal from Real Property
1 Manufactured Ho	me			1
Title purpose only (TPO)/Plate +220947	no. Year 2000	Make Gold West	Length/Width (feet) 66 x 27	Vehicle identification no. (VIN) GWOR23N2376
2 Land				
Manufactured home will be Affixed Removed	Real prope I Tax parc	. (\7)\572	0006000 0	al description on page 4
Lot Block		C1 110.	ction/Township/Range	Quarter/Quarter section
5,001	•	Section 33		T2N, R4EWM
3 Grantor(s) Regis			Additional names	on page
County no.	No. registered ov	vners No. legal	owners Grantee na	me (if applicable)
Name of registered owner				Washington driver license or UBI no.
Edmonds, Ada. B.			<u> </u>	EDMONABS64 BØ Washington driver license or UBI no.
Name of additional registered	owner	- 5.	\sim 1	vasningion driver ileanse di Obi No.
Address (Address, City, State,		1 (34)	10100	0.0 . 10 (14 0
PO Box 978, Manson	n, WA 9883	1 941	LABARRE	Washington driver license or UBI na.
Edmonds, Ada. B.			7	EDMONABS64 BD
Name of additional legal owner	r			Washington driver license or UBI no.
Address (Address, City State,				4 7 1
PO Box 978, Manso	n, WA 9883	or the laws of th	o state of Washing	gton that I am/we are the registered
owner(s) of this manufa	ctured home	and the foregoi	ng information is t	rue and correct.
11-10-2017	Manson	X_	ada 13	Gamore
Date and place (city or county) signed	Regi	stered owner signature	Title, if signing for a business
Date and place (city or county) signed	Regi	stered owner signature	Title, if signing for a business
Notarization/Certificatio	n St	ate of	shington Count	y of <u>Chelan</u>
	Si	gned or attested l	before me on	Jouember 10, 2017
CHERYL A CHAMBE		12/2		S by
(Seal or stamp) Public	b Dy	Print registered ov	vner name	Print registered owner hame
State of Washingto My Appointment Exp		Notary printed or s		Notary signature
May 2, 2021		Mat		and Way 2, 2021 Pealor/county office number or notary expiration
o o o o o		Title		Continued on next page

wandlactured frome I FO Flate fluitibes (non oscilon)	·	
4 Title Company Certification		
PRINT or TYPE Name of person signing	Title company name	ad so at Tild -
Tessa B. Miller	Fideury N	ational Title
Position	J	(Area code) Telephone no.
eschow officer	. 	360-258-2204
I certify that the legal description of the land and ownersh	ip is true and correct a	ccording to the real property records.
) and the second		10
XXX	Monde	V 11/14/19
Signature		Date
5 Building Permit Office Certification		
I certify that	,	
the manufactured home has been affixed to the real p	roperty as described.	
a building permit has been issued for this purpose and t		nspected upon completion.
PRINT or TYPE Name of person signing	Building permit office	Building permit no.
Position	<u>- I</u>	(Area code) Telephone no.
<u>X</u>		<u> </u>
Signature	,	Date
6 Signature of Legal Owner(s)		\$ '/ /Y
D' la filmination	n of Title or Domoval	from real property
Signature of legal owner indicates consent for Elimination	I Of Tille of Removal	On real property.
v /	2 /a a E	Va-ac Os
lena l	er signature	Title, if signing for a business
x		
	er signature	Title, if signing for a business
Notarization/Certification State of No.	County of	Chelan
Signed or attested before	ome on Mouse M	aw 10 2017
CHERYL A CHAMBERS	- 1	
(Seal or stationary Public by 土ない	samonas by	
State of Washington Print legal owner name	Chambers (Print legal owner name
Notary printed of stamp	ped name	Notary signature
May 2, 2021	PUBLIC and	x may 2, 2021
Title	'	Dealer county office transer or notary expiration
7 Land Description		
Legal description of land		
See Attached Exhibit "A"		
	n. 16	
	~ N	, ,
	-	
	- 1	
	- 11	
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The Control of the Co

anufactured home TPO/Plat	e number (from Section 1,	+220947	
Title Company Certific	ation		
PRINT or TYPE Name of person signing	g	Title company name	
Position			(Area code) Telephone no.
I certify that the legal description	on of the land and ownershi	p is true and correc	ct according to the real property records.
	x		
	Signature		Date
Building Permit Office	Certification		
the manufactured home ha	s been affixed to the real p	roperty as describ	ed. e inspected upon completion.
PRINT of TYPE Name of person signing		Building permit office	Building permit no.
Position Building	Inspector	2011	(Area code) Telephone no. 3900
	x	Ma	11-14-17
	Signature	· ·	Date
Signature of Legal Ow			
Signature of legal owner indic	ates consent for Eliminatio	n of Title or Remo	al from real property.
	X	<u> </u>	
	Legal own	ner signature	Title, if signing for a business
	Legal owr	ner signature	Title, if signing for a business
Notarization/Certification	State of	, County of .	
	Signed or attested before	re me on	
(Seal or stamp)	byPrint legal owner name		Print legal owner name
	Notary printed or stamp		Notary signature
	Title	ar	Dealer/county office number or notary expiration
7 Land Description	_		
Legal description of land	1		
See Attached Exhibit "A"			
	· _	. (7 7
7 7		, P	1
. 1		- 1	
		1	
	7		

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Continued on next page

8 Dealer Re	port of Sale	- Selling dealer cor	nplete this section	n			
PRINT or TYPE Dealer name					Washington dealer no.		
Date of sale		Purchase price	Tax jurisdiction/Tax rate				
Sales Tax Exempt – Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).							
l certify under p manufactured h	enalty of perju nome is clear of	y under the laws o encumbrances ex	f the state of Was cept as shown. A	shington that ny required .	t this informa sales tax has	ation is correct. The s been collected.	
Date and place (city	Date and place (city or county) signed Dealer authorized signature						
9 County Au	ditor/Agent	Licensing Offic	e Approval (no	t for use by	subagents)		
PRINT or TYPE Name NATHAN PHILLIPS County office/VFS operator no. 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 360 19 Signature 1/16/2017 Date							
10 Title Fees							
Filing fee	Application	Mobile home	fee Eliminati	on fee	Use tax	Subagent fees	
	t	I	4		7.7	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

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Commitment No. CL8073

EXHIBIT "A"

THAT PORTION OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 1160 FEET EAST AND 224 FEET SOUTH OF THE NORTHWEST CORNER OF SAID SECTION 33 (SAID POINT BEING THE SOUTHWEST CORNER OF THE TRACT DESCRIBED IN THE REAL ESTATE CONTRACT BETWEEN RAYMOND E. JOHNSON, ET UX, AND JACK D. PHILLIPS, ET UX, RECORDED IN BOOK 65, PAGE 685, RECORDS OF SAID COUNTY); THENCE EAST ALONG THE SOUTH LINE OF THE AFORESAID JOHNSON-PHILLIPS TRACT TO THE NORTHWESTERLY LINE OF THE LABARRE HEIGHTS COUNTY ROAD; THENCE SOUTHWESTERLY ALONG THE NORTHWESTERLY LINE OF SAID COUNTY ROAD TO A POINT DUE SOUTH OF THE POINT OF BEGINNING (SAID POINT BEING THE SOUTHEAST CORNER OF THE TRACT DESCRIBED IN THE REAL ESTATE CONTRACT BETWEEN RAYMOND E. JOHNSON, ET UX, AND JACK D. PHILLIPS, ET UX, RECORDED IN BOOK 63, PAGE 355, RECORDS OF SAID COUNTY);

THENCE NORTH ALONG THE EAST LINE OF SAID JOHNSON-PHILLIPS TRACT 241 FEET, MORE OR LESS, TO THE POINT OF BEGINNING OF THE TRACT HEREIN CONVEYED.

