AFN #2017002498 Recorded Nov 29, 2017 02:48 PM DocType: MFHOME Filed by: James T Waters Page: 1 of 3 File Fee: \$76.00 Auditor Robert J. Waymire Skamania County, WA

RETURN RECORDED DOCUMENT			
ROBOY 372		_ .	
CARSON WA 98	3610	_	1.4
CARSON VO 1 10			
<u> </u>	·		
		_ , ·	
WASHINGTON STATE DEPARTMENT OF LICENSING	Manufactured H Application		lease check one: Title Elimination
For full instructions on completing			Transfer in Location
Application Instructions, form	ГD-420-730.	Tionie Ti	Removal from Real Property
1 Manufactured Home			
Title purpose only (TPO)/Plate no. Yea	الماها استادات		Cation no. (VIN)
2 Land			
Manufactured home will be Real X Affixed ☐ Removed Ta:	al property x parcel no. <u>0308 28 220 4010</u>	OD Legal description	on page
Lot Block , D.7 A	C Plat name or Section/Townshi		Quarter/Quarter section
2 Cliff's Median R/W Hit Spring		<u> </u>	
Grantor(s) Registered/L		names on page Grantee name (if applicable)	
30 No. 1egis	D	Stattee Hame (ii applicable)	
Name of registered owner	4		shington driver license or UBI no.
JAMES T. K	PATERS		JATER JT 405 RM
Name of additional registered owner		Wa	shington driver license or UBI no.
Address (Address, City, State, ZIP code)	LANZ CARS	ON WA 98	2610
Name of legal owner	7	Wa	shington driver license or UBI no.
Name of additional legal owner		Wa	shington driver license or UBI no.
Address (Address, City State, ZIP code)	/	,	
I certify under penalty of perjur	y under the laws of the state of	Washington that I am	we are the registered
owner(s) of this manufactured i	nome and the foregoing informa	ation is true and correct	it.
1/29/17	X Alsu	_ T. Wat	Title, if signing for a business
Date and place (city or county) signed	Registered owner		Title, it signing to a business
Date and place (city or county) signed	Registered owner	signature `	Title, if signing for a business
Notarization/Certification	State of Lak	, County of	-
·	Signed or attested before me of	n 11/29/201	7
(Seal or stamp)	by JAMES WA	DENS by	
	Print registered owner name	HILLIPS X	Stered owner name
	Notary printed or stamped nam		ignature
	Title	and Z and Z	ounty office number or notary expiration
TD-420-729 (R/8/16)WA Page 1 of 3			Continued on next page

Manufactured home TPO/Plate	<u>.</u>	ction 1)	· · · · · · · · · · · · · · · · · · ·
4 Title Company Certifica		T :	
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 ow	vnership is true and c	correct according to the real property recor
	X Si	gnature	Date
5 Building Permit Office (Certification		4 / 4 3
I certify that Ithe manufactured home has a building permit has been iss	4		scribed. will be inspected upon completion.
PRINT or TYPE Name of person signing	+	Building permit Sevens	on BP-17-0145
Building Off	-icial	no 10	(Area code) Telephone no.
	<u>X</u> Si	gnature	Date Date
6 Signature of Legal Own	er(s)		
Signature of legal owner indicat	es consent for Elin	nination of Title or Re	emoval from real property.
•	Le	egal owner signature	Title, if signing for a busi
	X		
	Le	egal owner signature	Title, if signing for a busi
Notarization/Certification	State of	, County	y of
	Signed or atteste	d before me on	
(Seal or stamp)	by	m (by
(Seal of Stamp)	Print legal owns	er name	Print legal owner name
\	Notary printed	or stamped name	Notary signature
	Title		and X Dealer/county office number or notary expir
7 Land Description			
Legal description of land	~		
Lot 2 Cl	iff's mead	ow tracts	BK B/PG 86 (07
AC Ru	1 Hot Spri	ings Ave)).
			•
			•

8 Dealer Report of		ing dealer complete	<u> </u>				
PRINT or TYPE Dealer name		· · · · · · · · · · · · · · · · · · ·		Washington dealer r	10.		
Date of sale	Purch	nase price	Tax juris	sdiction/Tax rate	4		
☐ Sales Tax Exempt –	Sale to a Ce	rtified Tribal membe	r on the reservation	n (attach notarized	d statement of delivery).		
I certify under penalty manufactured home is Date and place (city or count	clear of encu	mbrances except a					
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)							
PRINT or TYPE Name	PHILL	(3)	County office/VFS	operator no. - 01 - 15			
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							
10 Title Fees							
Filing fee App	lication	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