

RETURN RECORDED DOCUMENT TO:

Columbia Gorge Title
PO Box 277
Stevenson WA 98648



**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 <u>2018</u> 2017 | Make <u>Palm Harb</u> | Length/Width (feet) <u>44 X27</u> | Vehicle identification no. (VIN) <u>3104G28443A</u> |
| 2 Land | | | | |
| Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed | | Real property Tax parcel no. <u>04072620191300</u> Legal description on page <u>2</u> | | |
| Lot <u>11</u> | Block | Plat name or Section/Township/Range <u>Wind River Lots No 2</u> | | Quarter/Quarter section |
| 3 Grantor(s) Registered/Legal Owner(s) – Additional names on page | | | | |
| County no. | No. registered owners <u>1</u> | No. legal owners <u>1</u> | Grantee name (if applicable) | |
| Name of registered owner <u>Thomas R. Williams</u> | | | Washington driver license or UBI no. <u>W141TR42600</u> | |
| Name of additional registered owner | | | Washington driver license or UBI no. | |
| Address (Address, City, State, ZIP code) <u>PO Box 1210 Carson WA 98610</u> | | | | |
| Name of legal owner <u>1st Security Bank</u> | | | Washington driver license or UBI no. | |
| Name of additional legal owner | | | Washington driver license or UBI no. | |
| 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. | | | | |
| <u>12-12-17 STEVENSON, WA.</u> | | <u>X</u> <u>T.R. Williams</u> | | |
| 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 <u>Washington</u> County of <u>Skamania</u> | | |
| Signed or attested before me on <u>December 12, 2017</u> | | by <u>Thomas R. Williams</u> | | |
| Print registered owner name <u>Thomas R. Williams</u> | | Print registered owner name <u>Thomas R. Williams</u> | | |
| Notary printed or stamped name <u>Notary</u> | | Notary signature <u>[Signature]</u> | | |
| Title | | Dealer/county office number or notary expiration <u>08-09-2020</u> | | |

Manufactured home TPO/Plate number (from Section 1) _____

| | | | |
|---|--|---|--|
| 4 Title Company Certification | | | |
| PRINT or TYPE Name of person signing <u>Kelli Marshall</u> | | Title company name <u>Columbia Gorge Title</u> | |
| Position <u>Title officer</u> | | (Area code) Telephone no. <u>509-427-5681</u> | |
| I certify that the legal description of the land and ownership is true and correct according to the real property records. | | | |
| <input checked="" type="checkbox"/> <u>[Signature]</u> Signature | | <u>3-15-18</u> 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 <u>Marlon Morat</u> | | Building permit office <u>BP-17-0211</u> | |
| Position <u>Building official</u> | | (Area code) Telephone no. <u>509 427 3920</u> | |
| <input checked="" type="checkbox"/> <u>[Signature]</u> Signature | | <u>4.16.18</u> Date | |
| 6 Signature of Legal Owner(s) | | | |
| Signature of legal owner indicates consent for Elimination of Title or Removal from real property. | | | |
| <input checked="" type="checkbox"/> <u>[Signature] 1st Security Bank of WA</u> Legal owner signature Title, if signing for a business | | | |
| <input checked="" type="checkbox"/> <u>[Signature] Jane E. Fortier, VP</u> Legal owner signature Title, if signing for a business | | | |
| Notarization/Certification | | State of <u>WA</u> , County of <u>Shonomish</u> | |
| Signed or attested before me on <u>January 3, 2018</u> | | | |
| by <u>1st security Bank</u> by <u>Jane E. Fortier</u> | | | |
| Print legal owner name <u>Penny S. Graf</u> | | Print legal owner name <u>[Signature]</u> | |
| Notary printed or stamped name <u>notary</u> | | Notary signature <u>[Signature]</u> | |
| Title | | Dealer/county office number or notary expiration <u>X 1/9/19</u> | |
| <div style="display: flex; align-items: center;"> <div style="border: 2px solid black; padding: 5px; margin-right: 10px;"> (Seal or Stamp) PENNY S. GRAF NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 9, 2019 </div> <div> Legal description of land Lot 11, WIND RIVER LOTS II, according to the Plat thereof, recorded in Book B of Plats, Page 42 in the county of Skamania, State of Washington </div> </div> | | | |

Manufactured home TPO/Plate number (from Section 1) _____

| | | | | | |
|---|-------------|-------------------------------------|--|--|--------------------|
| 8 Dealer Report of Sale – Selling dealer complete this section | | | | | |
| PRINT or TYPE Dealer name <i>CARIS- Sell Homes INC</i> | | | | Washington dealer no. <i>4581</i> | |
| Date of sale <i>8/24/2017</i> | | Purchase price <i>133,508.15</i> | | Tax jurisdiction/Tax rate <i>SKAMANIA COUNTY / 7.7%</i> | |
| <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 <i>3-29-18 Benton County</i> | | | Dealer authorized signature <i>Kathleen M. Wood</i> | | |
| 9 County Auditor/Agent Licensing Office Approval (not for use by subagents) | | | | | |
| PRINT or TYPE Name <i>Cora Zettler</i> | | | | County office/VFS operator no. <i>Skamania County</i> | |
| 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. | | | | | |
| Signature <i>[Signature]</i> | | | | Date <i>4/24/2018</i> | |
| 10 Title Fees | | | | | |
| 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