

RETURN RECORDED DOCUMENT TO:

LARRY CUMMINGS

PO BOX 601
CARSON, WA 98610



**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	Make	Length/Width (feet)	Vehicle identification no. (VIN)
	1985	LIBERTY	66 X 26	09L20937UX

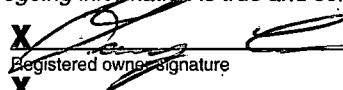
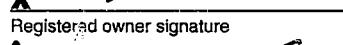
2 Land

Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed	Real property Tax parcel no. 03081710130000 Legal description on page _____		
Lot	Block	Plat name or Section/Township/Range	Quarter/Quarter section

3 Grantor(s) Registered/Legal Owner(s) – Additional names on page _____

County no. 30	No. registered owners 1	No. legal owners	Grantee name (if applicable)
Name of registered owner LARRY CUMMINGS			Washington driver license or UBI no.
Name of additional registered owner			Washington driver license or UBI no.
Address (Address, City, State, ZIP code) 111 JOHNSON RD CARSON WA 98610 - MAIL PO BOX 601. CARSON WA 98610			
Name of legal owner			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.

Date and place (city or county) signed	 X Registered owner signature	Title, if signing for a business
Date and place (city or county) signed	 X Registered owner signature	Title, if signing for a business
Notarization/Certification (Seal or stamp)	State of <u>WA</u> , County of <u>SKAMANIA</u> Signed or attested before me on <u>5/08/2018</u> by <u>LARRY CUMMINGS</u> Print registered owner name <u>NATHAN PHILLIPS</u> Notary printed or stamped name <u>ALAN</u> Title <u>30-01</u>	Print registered owner name <u>30018</u> Notary signature <u>30-01</u> Dealer/county office number or notary expiration

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

4 Title Company Certification

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 ownership is true and correct according to the real property records.***X**

Signature

Date

5 Building Permit Office Certification

I certify that

 the manufactured home has been affixed to the real property as described. a building permit has been issued for this purpose and the attachment will be inspected upon completion.

PRINT or TYPE Name of person signing	Building permit office	Building permit no.
MARLON MORAT	SKAMANIA COUNTY	
Position	(Area code) Telephone no.	
BUILDING OFFICIAL	509 427 3900	
	X <i>M. Morat</i>	5-8-18
	Signature	Date

6 Signature of Legal Owner(s)

Signature of legal owner indicates consent for Elimination of Title or Removal from real property.

X

Legal owner signature

Title, if signing for a business

X

Legal owner signature

Title, if signing for a business

Notarization/Certification

State of _____, County of _____

(Seal or stamp)

Signed or attested before me on _____

by _____ by _____

Print legal owner name _____ Print legal owner name _____

Notary printed or stamped name _____

Notary signature _____

Title _____

and _____ Dealer/county office number or notary expiration _____

7 Land Description

Legal description of land

See Exhibit A

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

8 Dealer Report of Sale – Selling dealer complete this section

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).

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.

X

Date and place (city or county) signed

Dealer authorized signature

9 County Auditor/Agent Licensing Office Approval (not for use by subagents)

PRINT or TYPE Name <i>NATHAN PHILLIPS</i>	County office/VFS operator no. <i>30-01-19</i>
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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

Signature

300119
5/09/2018

Date

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

July 24, 2017

Exhibit A.

A Tract of Land in The North East Quarter (NE $\frac{1}{4}$) of section 17, Township 3 North, Range 8 E. W. M., more particularly described as follows.

Beginning at Point 1,156.7 foot East of the southwest center of the NE $\frac{1}{4}$ of the said section 17, thence north 220 feet thence East 193.3 feet, thence south 220 feet, thence west 193.3 feet to point of Beginning.

Skamania County Assessor
Date 7/24/17 Parcel# 3-8-171-1300
GS