AFN #2018002025 Recorded Oct 08, 2018 08:42 AM DocType: MFHOME Filed by: Nylund Homes Page: 1 of 5 File Fee: \$103.00 Auditor Robert J. Waymire Skamania County, WA

RETURN RECORDED DOCUMENT TO:	
Myund Homes	
	4
21 Coothmer Park Lare Washougel a	17 98671
WASHINGTON STATE DEPARTMENT OF Manufactured Home Application	Please check one: ☑ Title Elimination
For full instructions on completing this form, see Manufactured Home Application Instructions, form TD-420-730.	Transfer in Location Removal from Real Property
1 Manufactured Home	
Title purpose only (TPO)/Plate no. Year Make Length/Width (feet) Vehicle ide 1992 SKYLN 28 x 56 019104	ntification no. (VIN) 96E
2 Land	
Manufactured home will be Real property Tax parcel no. 02053420040200 Legal descript	ion 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. No. registered owners No. legal owners Grantee name (if application of the public of t	
Name of registered owner	Washington driver license or UBI no.
NYLUND HOMES, INC., A Washington Limited Liability Company Name of additional registered owner	Washington driver license or UBI no.
Address (Address, City, State, ZIP gode)	
15504 n E 1195 St. Vancouver w A	
Name of legal owner SAME AS REGISTERED 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 co	rreci.
Date and place (city or county) signed Registered owner signature	Title, if signing for a business
Date and place (pin/hhttp://www.signed Registered owner signature	Title, if signing for a business
Notarization/Certifications State of WWW (1977, County of 5/122)	118
Print registered other name WUNN Rin	7 CM FENCULUNA
Notary drinted of stamped name Notary drinted of stamped name and	aler/county-office number or notary expiration
TD-420-729 (R/8/44)) 1911 1111	Continued on next page

	ation		-,
PRINT or TYPE Name of person signing		Title company name	
osition			(Area code) Telephone no.
certify that the legal description	n of the land and owners	ship is true and correct	according to the real property record
	X		
	Signatu	re ·	Date
Building Permit Office	Certification	-4	
certify that			
the manufactured home has			
a building permit has been is:			
RINT or TYPE Name of person signing		Building permit office	
estion .	Ciai al	, ,	(Area code) Telephone no
ouliaing ut	TCIAL	n AA	1 509 407 3960_
) '`	x/	11 /1 ans	7.11.18
•	Signatu	ire	Date
Signature of Legal Ow			-
Signature of legal owner indica	ates consent for Eliminat	tion of Title or Remova	al from real property.
		L "	
	X.	wner signature	Title, if signing for a busin
	Legal o	wher signature	Title, it signang for a busin
	A lengto	owner signature	Title, if signing for a busin
		·	
Notarization/Certification	State of	, County of	
	Signed or attested be	fore me on	
	orgined of discosod be		
		by	
Seal or stamp)	by	me	Print legal owner name
Seal or stamp)	by Print legal owner nar	ne	Print legal owner name
Seal or stamp)		mped name	Notary signature
Seal or stamp)	Print legal owner nar	mped name	Notary signature
	Print legal owner nar	mped name	Notary signature
	Print legal owner nar	mped name	Notary signature
Seal or stamp) Land Description Legal description of land	Print legal owner nar	mped name	Notary signature
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		umber (from Section 1 elling dealer complete				
PRINT or TYPE D		oming dodier complete		Washington dealer r	10.	
Date of sale	ate of sale Purchase price		Tax juris	Tax jurisdiction/Tax rate		
 ☐ Sales Tax E	Exempt – Sale to a	Certified Tribal member	on the reservation	(attach notarize	d statement of delivery)	
I certify under manufactured	penalty of perjury the home is clear of er	under the laws of the st ncumbrances except as	ate of Washington shown. Any requi	that this informa red sales tax has	tion is correct. The been collected.	
Date and place (ci	ity or county) signed	Dealer au	thorized signature	7 7	/ 10	
County A	uditor/Agent Li	censing Office App	roval (not for use	by subagents)		
PRINT or TYPE Name County			County office/VFS	office/VFS operator no.		
I certify that th	ne above application	n appears to be comple ne recording of this form X Signature	eted correctly, and		•	
0 Title Fee	s					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax.	Subagent fees	
			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

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ORDER NO. S18-0032KM

EXHIBIT "A"

A parcel of land in the Northwest Quarter of the Northwest Quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southeast corner of the Northwest Quarter of the Northwest Quarter of said Section 34; thence North 00° 40' 49" West along the East line of said subdivision 454.74 feet; thence South 77° 12' 20" West 51.40 feet to a point on th South edge of a 60 foot wide driveway, being the initial point of the parcel hereby described; thence continuing South 77° 12' 20" West along the South edge of said 60 foot wide driveway 291.95 feet; thence South 08° 06' 30" East to intersection with the North edge of the right of way of the Washougal River Road as conveyed to Skamania County by Deed recorded under Auditor's File No. 70977; thence Northeasterly along the North edge of the right of way of said Washougal River Road to a point which bears South 11° 59' 08" East from the true point of beginning; thence North 11° 59' 08" West 86.32 feet to the initial point of the tract hereby described.

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TREASURER'S TAX CERTIFICATION

GRANTOR / SELLER	GRANTEE / PURCHASER				
NAME LUCINE Meletrer	NAME Myland Homes, Inc.				
MAILING ADDRESS 27 Cathyrux Parlyan	CMAILING ADDRESS 15504 1) E 1/9'- ST				
CITY/STATE/ZIP Washougal, WA 986	NCITY/STATE/ZIP VAYOUVE WY-				
TAX PARCEL # 0'20534 20040200	PHONE NUMBER				
DESCRIPTION OF MOBILE HOME: 1992 Sky	In 28xSU				
(YEAR, MAKE, SIZE, MODEL AND SERIAL #)					
CX					
I hereby certify that the information contained in the knowledge and belief. Owner or Agent	e foregoing is true and correct to the best of my $\frac{5-22-18}{\text{Date}}$				
TREASURER'S TAX CERTIFICATION	OX				
I hereby certify that all of the property taxes on the collection have been paid thru Alley This - Deputy Skamania County Treasurer or Deputy	above mobile home that have been certified to me for $\frac{10 - 8 - 18}{\text{Date}}$				
TITLE ELIMINATION ONLY					
EXCISE TAX PAID ON EXCISE NUMB	SER 33267				
USE TAX TO BE COLLECTED BY COL	INTY AUDITOR OR LICENSING AGENT.				
Distribution: 1- Original to County/Licensi 1-County Assessor	ing Agent 1-Taxpayer 1-County Treasurer				