AFN #2018002191 Recorded Oct 29, 2018 03:45 PM DocType: MFHOME Filed by: COLUMBIA GORGE TITLE Page: 1 of 3 File Fee: \$101.00 Auditor Robert J. Waymire Skamania County, WA

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ETURN RECORDED DOCUMEN	IT TO:		
Christopher Boyle PO Box 1327			
Hood River, C	DR. 97031		
WASHINGTON STATE DEPARTMENT OF LICENSING or full instructions on complet	Manufacture Applica	tion 21	EASE CHECK ONE  Itle Elimination  Transfer in Location
structions, form TD-420-730.			Removal from Real Property
Manufactured Home TPO/Plate number Year	Make Length/W	idth (feet) Vehicle identification nu	mber (VIN)
+178028 2000		27 GWOR23N2353	
Land			
Manufactured home will be  Affixed Removed	Real property Tax parcel no. 03-75-36-2	-3-2200-00 Legal des	scription on page 2
ot Block	Plat name or Section		Quarter/Quarter section
Grantor(s) Registered			
	gistered owners No. legal own		
Name of registered owner Christopher Boyle	- ( )	W	A Driver license or UBI number
Name of additional registered owner		w	A Driver license or UBI number
Address (Address, City, State, ZIP co 461 NE Spruce Street, Ste			
Name of legal owner Pacific NW Federal Credit		W	A Driver license or UBI number
Name of additional legal owner		w	A Driver license or UBI number
Address <i>(Address, City State, ZIP co</i> 12005 NE Erin Way, Portl	and OR 97220		
declare under penalty of peowner(s) of this manufacture	rjury under the laws of the d home and the foregoing	state of Washington that I am nformation is true and correc	/we are the registered t.
	X Sig	Christopher & B	applicable
		nature of additional registered owner	and title, if applicable
Notarization Certification ANDER	State of Washer	) Robert - 1	2 shil
SON EXPLICATION OF THE PROPERTY OF THE PROPERT	Signed or attested before by Christopher	re me on <u>October 1'</u> Boule by	7, 30(6)
SEAN OF WASHING	Print registered owner	Indersen X	stered owner name  Mull Anduste
7 1 17 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Notary printed or stars  ESCOND + 1  Title	COK ISO and	ounty office number or notary expiration
D-420-729 (H/6/1) W Page 1 of 3		7	Continued on next page

Manufactured home TPO/ Plate number (from Section	n 1) +178028	
4 Title Company Certification		
PRINT or TYPE Name of person signing	Title company name	
Kelli Marshall	Columbia Gorge Title (Area code) Telephone number	
Position	(Area code) Telephone number	
Title Officer	(509) 427-5681	
I certify that the legal description of the land and owner	rship is true and correct according to the real property records.  X  Date	
5 Building Permit Office Certification	A // /A \.	
I certify that		
the manufactured home has been affixed to the re-	al property as described.	
a building permit has been issued for this purpose ar	nd the attachment will be inspected upon completion.	
DDINT or TVDE Name of person signing	Building permit office Building permit number	
KARL POLESPUTCHURS	onsever 99-054	
KARL RUSSE (1-C:TY OF STEVENS) Position Building OFFicial	(Area code) Telephone number 509-427-5970	
DWIII ME OF THOME	1 301 -927 3170	
	x Vad huge 10/25/18	
	Signature Date	
6 Signature of Legal Owner(s)		
Signature of legal owner indicates consent for Elimina	tion of Title or Removal from real property	
	X Jvic Lty, underwriter  Signature of legal owner and litle, if applicable	
	v 4 1	
4 4 4	Signature of additional legal owner and title, if applicable	
Notarization/Certification State of Oce s	on, County of Multromah	
Signed or attested	before me on October 17, 2018	
(Seel overlamp)	na hitsey by	
LINDA PIAZZISI PARROT LIALA OWNER nar LIALA OWNER NARY PUBLIC-OREGON COMMISSION NO. 96347 Part and a commission express time 14 2021	Drint lovel surper manns	
NOTARY PUBLIC-OREGON LIDER Printed or sta	mped name Notary signature	
MY COMMISSION EXPIRES JUNE 14, 2021	Notary and June 14 202    Dealer/county office number or notary expiration	
THE .	) Bould south, since the same and same	
7 Land Description Legal description of land		
	and the state of t	
ADDITION TO HILL CREST ACRE TRACTS, ac	the North 15 feet thereof, all in Block 4, SECOND coording to the recorded Plat thereof, recorded in Book	
A of Plats, Page 100, in the County of Skamania	, State or Washington.	
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AFN #2018002191 Page: 3 of 3

Manufactured home TPO/Plate number (from Section 1) +178028 3 Dealer Report of Sale - Selling dealer complete this section PRINT or TYPE Dealer name WA dealer number Tax jurisdiction/Tax rate Date of sale Purchase price ☐ Sales Tax Exempt – Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). I certify that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected. 9 County Auditor/Agent Licensing Office Approval (not for use by subagents) County office/VFS operator number PRINT or TYPE Na 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 10 Title Fees Subagent fees Elimination fee Use tax Filing fee Mobile home fee Application Total fees & tax 0.00

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