AFN #2019000117 Recorded Jan 24, 2019 04:21 PM DocType: MFHOME Filed by: Dorothy Bettis c/o Gary Griffith Page: 1 of 3 File Fee: \$101.00 Auditor Robert J. Waymire Skamania County, WA

RETURN RECORDED	DOCUMENT	го:				
Dorothy L. Bettis c/o Garry E. Griffit	 h					
				_		
PO Box 828				_		6.
Carson, WA 9861				_		
WASHINGTON STATE DEP LICENS For full instructions of Instructions, form TD	n completing	Ар	ctured H plication Manufactured H	- ₹,	✓ Title Elim	
Manufacture						
TPO/Plate number	Year 2005	Make FLEFT	Length/Width (feet			75
2 Land Manufactured home will ✓ Affixed ☐ Rem	be Renoved Ta	eal property ax parcel no. 03	-08 - 28-2-2 - 03	12-00 Lega	I description	on page 2
Lot 1	Block	Plat name Bettis	or Section/Townshi Short Plat	p/Range	Quarte	r/Quarter section
3 Grantor(s) Ro	No. regis	Legal Owner tered owners N	(s) - Additional b. legal owners	names on page Grantee name (if applica		
Name of registered own Dorothy L. Bettis						ense or UBI number
Name of additional regis	stered owner				WA Driver lic	ense or UBI number
Address (Address, City, 172 Old Airport F	State, ZIP code Road, Carso	on WA 98610			L MIL Driver Be	ense or UBI number
Name of legal owner Same		<u> </u>				ense or UBI number
Name of additional lega	-			\sim	WA Driver lic	ense of obj number
Address (Address, City		1	<u></u>			
I declare under pe owner(s) of this m	nalty of perju anufactured	iry under the lat home and the fo	regoing informa	mon is muc and oc	orrect.	tne registered
			Signature o	f registered owner and		applicable
Notarization/Certif	ication	State of	_	County of SKAM		
				on January	24, 20	19
(Seal or stamp)		by 927 Print regist	/ <u>Criffilly</u> ered owner name ~ Zeffla	~ X	nt registered own	er name
		Notary prin	ted or stamped nam	and C	tary signature 30 -01 aler/county office	Agent e number or notary expiration
TD-420-729 (R/6/11)W Page	1 of 3		<u> </u>			Continued on next pag

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lanufactured home TPO/Plate r	number (from Section 1)	
Title Company Certifical		
PRINT or TYPE Name of person signing	1 Title company name	711
Kelli Marshal	Columbia Gorge (Area code) Telephone number	ITL
Position	(/iioa codo) rotopriorio	
Title Officer	509 - 427 - 5681	ttanda
I certify that the legal description	of the land and ownership is true and correct according to the re	al property records.
	X Signature	1-24-19 Date
5 Building Permit Office C	ertification	
I certify that	been affixed to the real property as described. ued for this purpose and the attachment will be inspected upon co	ompletion.
PRINT or TYPE Name of person signing	Building permit office Building permit nur	nber
Maylon Ploy	(Area code) Teleph	one number
Building Off	icial had a ten yo	1 3900 :
- Congrey Off	Signature	1-24-19 Date
6 Signature of Legal Own	ay(s)	4.
	es consent for Elimination of Title or Removal from real propert	y.
Signature of legal owner indicate	53 GONDON TO LIMINATION OF THE PROPERTY OF THE	
	X	
	Signature of legal owner and title, if applicable	
	X	
4.4	Signature of additional legal owner and title, if applica	able
Notarization/Certification	State of, County of	
	O'ment or effected before me on	
	Signed or attested before me on	
100 (100 (100 (100 (100 (100 (100 (100	by by	
(Seal or stamp)	Print legal owner name Print legal owner name	ie
	<u>X</u>	
	Notary printed or stamped name Notary signature	
	Title and Dealer/ county office r	number or notary expiration
7 Land Description		
Legal description of land		t to a No. alle
A tract of land in the Northwood Range 8 East of the Willame described as:	est Quarter of the Northwest Quarter of Section 28, Towlette Meridian, in Skamania County, in the State of Washi	nsnip 3 North, ngton, also
Lot 1 of the BETTIS Short P	lat recorded in Auditor File No. 2014001038, Skamania (County Records.
		-
<u></u>		

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9 Dealer Report o	f Sale - Selling	dealer complete t	his section	1			
8 Dealer Report of Sale - Selling dealer complete this section PRINT or TYPE Dealer name					WA dealer number		
Date of sale	Purchas	Purchase price			Tax jurisdiction/Tax rate		
☐ Sales Tax Exempt -							
I certify that this inform required sales tax has		x	d home is o		. /	cept as shown. Any	
9 County Auditor	Agent Licen		roval (no	t for use	by subagents)		
PRINT or TYPE Name	Zettler	fice/WFS o	FS operator number 30 -0				
I certify that the above documentation to pro-	e application app	cording of this form	ted correct.	tly, and	the applicant has	Sufficient	
10 Title Fees				7		Colorant food	
Filing fee Ag	plication	Mobile home fee	Elimination	on fee	Use tax	Subagent fees Total fees & tax	
	- 1		7				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