

RETURN RECORDED DOCUMENT TO:

Janet Brandon
Po Box 56163
Portland OR 97238



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				
TPO/Plate number ORE 110829	Year 1983	Make Liberty	Length/Width (feet) 24x60	Vehicle identification number (VIN) 52460-2B-IK-2B
2 Land				
Manufactured home will be <input type="checkbox"/> Affixed <input checked="" type="checkbox"/> Removed		Real property Tax parcel no. 02-05-19-0-0-0800-00 Book 3 of short plats Legal description on page Page 16		
Lot	Block	Plat name or Section/Township/Range Lot 2, Malfait Short Plat No. 4		Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page				
County number 30	No. registered owners 2	No. legal owners	Grantee name (if applicable)	
Name of registered owner Ron F. Brandon			Washington driver license or UBI number exempt	
Name of additional registered owner Janet R. Brandon			Washington driver license or UBI number exempt	
Address (Address, City, State, ZIP code) 352 Newquist Rd., Washougal WA 98671			Mailing: Po Box 56163 Portland OR 97238	
Name of legal owner			Washington driver license or UBI number	
Name of additional legal owner			Washington driver license or UBI number	
Address (Address, City, State, ZIP code)				
I declare 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.				
		X Ron F Brandon Signature of registered owner and title, if applicable X Janet R Brandon Signature of additional registered owner and title, if applicable		
Notarization/Certification		State of Oregon , County of Multnomah		
Signed or attested before me on 5/1/19				
(Seal or stamp)		by Ron F Brandon by Janet R Brandon Print registered owner name Nancy Chandler Nancy Chandler Notary printed or stamped name notary 9/21/19 Title and 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 Kelli Marshall	Title company name Columbia Gorge Title	
Position Title officer	(Area code) Telephone number 509-427-5681	
I certify that the legal description of the land and ownership is true and correct according to the real property records.		
X Signature		5-2-19 Date
5 Building Permit Office Certification		
I certify that <input 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	Building permit office	Building permit number
Position	(Area code) Telephone number	
X Signature _____ Date _____		
6 Signature of Legal Owner(s)		
Signature of legal owner indicates consent for Elimination of Title or Removal from real property.		
X Signature of legal owner and title, if applicable		
X Signature of additional legal owner and title, if applicable		
Notarization/Certification (Seal or stamp)	State of _____, County of _____ 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 Lot 2 of the malfait short plat no. 4, Recorded in book 3 of short plats, page 16, Skamania County records.		

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 number	
Date of sale	Purchase price		Tax jurisdiction/Tax rate		
<input type="checkbox"/> 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.					
X _____ Dealer authorized signature					
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)					
PRINT or TYPE Name			County office/VFS operator number		
Cora Zettler			30-01		
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 _____ 5/2/19 Signature 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