Request of: ROBIN AND CALVIN BEARD

00000675201900014270030031

RETURN RECORDED DOCUMENT TO:

WASHINGTON STATE DEPARTMENT OF .	Manufactured Home	Please check one:
CL LICENSING	<b>Application</b>	☐ Title Elimination
For full instructions on completing	this form, see Manufactured Home	☐ Transfer in Location
Application Instructions, form TD-4	420-730.	Removal from Real Property
1 Manufactured Home		
Title purpose only (TPO)/Plate no. Year	(%))	cle identification no. (VIN)
N/A 20	17 Golden 30 x (05 At	B037 0010RAB
2 Land		1000000
Affixed Removed Tax	parcel no. 0308172304290 egal des	cription on page
Lot 29 Block	Plat name or Section/Township/Range	Quarter/Quarter section
0 0 0 1	110000000000000000000000000000000000000	ab da
	egal Owner(s) - Additional names on pagered owners   No. legal owners   Grantee name (if a	
30 2	Total counters Total legal counters Charles I have a superior of the counters	pplicable)
Name of registered owner	ARd	Washington driver license or UBI no.
Name of additional registered owner		Washington driver license or UBI no.
Kohin L. Ber	ra	BOAR RL39 NA
Address (Address, City, State, ZIP code)	10.00000	0 0000
	mber in 190 Box 810	Carson Who 486010
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 th	nat I am/we are the registered
- 1	ome and the foregoing information is true and	d correct.
8/12/2019 5Ka	mania MI mal	9007
Date and place (city or county) signed	Registered owner signature	Title, if signing for a business
Date and place (oty or county) signed	Registered owner signature	Title, if signing for a business
Notarization/Certification	State of, County of	Skamania
	Signed or attested before me on8//3	2/19
LESLIE L. MOORE	$C_{11} = 2$	Robin 1. Beard
Pear NOTARY PUBLIC	by <u>Caluin F. Beard</u> by Print registered owner name	Print registered owner name
STATE OF WASHINGTON	Leslie L. Moore	X Sesti y Moon
COMMISSION EXPIRES	Notary printed or stamped name  Notary and	Notary signature  /- 9 - 20 20
JANUARY 9, 2020	Title and	Dealer/county office number or notary expiration
TD-420-729 (H/8/16)WA Page 1 of 3		Continued on next page

4 Title Company Certifica	tion		
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 ownersl	nip is true and correct a	according to the real property records.
	<b>Х</b> т	itle company: Sign and da	te here.
	Signature	)	Date
Building Permit Office C	ertification		
l certify that the manufactured home has a building permit has been issi			
PRINT or TYPE Name of person signing	at	Building permit office Sevensor	Building permit no.
Building Office	ial /	2000	(Area code) Telephone no. 509 427 3900
	X		sign and date liera 8/7/19
Signature of Legal Own		<del></del>	
Signature of legal owner indicate		on of Title or Removal	from real property.
	X	Land survey sing bare	include title if anniceble
		ner signature	include title if applicable  Title, if signing for a busines
	<u>X</u>	Legal owner sign here,	include title if applicable
		ner signature	Title, if signing for a busines
Notarization/Certification	State of	, County of	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>
	Signed or attested befo	re me on	
(Seal or stamp)	by Print legal owner name	by	Print legal owner name
. II.	Notary printed or stam	ped name and	Notary signature
	Title		Dealer/county office number or notary expiration
Land Description			
Legal description of land	2115 Magd	DW 5/03	BK B/PG
102:-103 FH			
102-105 1 8	20041021	-6.19	

Dealer F	Report of Sale – S	elling dealer complete	this section			
PRINT or TYPE Dealer name			Washington dealer no.			
Date of sale	Pu	rchase price	Tax juris	Tax jurisdiction/Tax rate		
☐ Sales Tax	Exempt - Sale to a C	Certified Tribal membe	r on the reservation	(attach notarize	d statement of delivery	
-		nder the laws of the s cumbrances except a		red sales tax has		
			uthorized signature			
County	Auditor/Agent Lic	ensing Office App	roval (not for use	by subagents)	A 7	
PRINT OF TYPE Name  (UN 7.011/0/			County office/VFS operator no.			
		appears to be comple e recording of this form <u>X</u> WI Signature	nen completed, sign an	-17	S/13/19 Date	
0 Title Fe	<b>9</b> S				· · · · · · · · · · · · · · · · · · ·	
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees	
		-	. 7	4	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