

Skamania County, WA  
Total: \$205.50  
MFHOME  
Pgs=3

2021-003409

10/07/2021 02:26 PM

Request of: CARYL MCMAINS



00010760202100034090030038

RETURN RECORDED DOCUMENT TO:

CARYL MCMAINS  
41 SW RYAN ALLEN RD  
STEVENSON, WA 98648



## Manufactured Home Application

Please check one:

- ☒ Title Elimination  
☐ Transfer in Location  
☐ Removal from Real Property

For full instructions on completing this form, see Manufactured Home Application Instructions, form TD-420-730.

<b>1 Manufactured Home</b>				
Title purpose only (TPO)/Plate no.	Year 2021	Make FLEET	Length/Width (feet) 26 X 44	Vehicle identification no. (VIN) FLE210OR21-21687AB
<b>2 Land</b>				
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property Tax parcel no. 02070210030200 Legal description on page 2		
Lot	Block	Plat name or Section/Township/Range		Quarter/Quarter section
Manufactured home physical location (Street address, City, State, ZIP code) 41 SW RYAN ALLEN RD STEVENSON WA 98648				Is location mobile home park? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3 Grantor(s) Registered/Legal Owner(s) - Additional names on page</b>				
County no. SKAMANIA	No. registered owners 1	No. legal owners	Grantee name (if applicable)	
Name of registered owner CARYL MCMAINS			Washington driver license or UBI no.	
Name of additional registered owner			Ownership - Joint tenants w/right of survivorship (JTWR0S) <input type="checkbox"/> Yes <input type="checkbox"/> No	Washington driver license or UBI no. MCMAIC*409RH
Address (Address, City, State, ZIP code) 47 SW RYAN ALLEN RD STEVENSON, WA 98648				
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 that I am/we are the registered owner(s) of this manufactured home and the foregoing information is true and correct.				
10-7-21 Skamania		X	Caryl Mcmains	
Date and place (city or county) signed		Registered owner signature	Title, if signing for a business	
Date and place (city or county) signed		Registered owner signature	Title, if signing for a business	
<b>Notarization/Certification</b>		State of WA, County of Skamania		
Signed or attested before me on 10/7/2021				
(Seal or stamp)		by Caryl Mcmains		
		Print registered owner name		
		Notary printed or stamped name		
		Title		
		by Insha Nicklaus		
		Print registered owner name		
		Notary signature		
		and 30-01		
		Dealer/county office number or notary expiration		

Manufactured home TPO/Plate or Vehicle Identification number (VIN) \_\_\_\_\_

**4 Title Company Certification**

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 ownership is true and correct according to the real property records.

**X**

Signature

Date

**5 Building Permit Office Certification**

I certify that

☐ the manufactured home has been affixed to the real property as described.

☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

PRINT or TYPE Name of person signing

Marion Morat

Building permit office

Stevenson

Building permit no.

Position

Building Official

(Area code) Telephone no.

509-427-3900

**X**

Signature

Date

10/7/21

**6 Signature of Legal Owner(s)**

Signature of legal owner indicates consent for Elimination of Title or Removal from real property.

**X**

Legal owner signature

Title, if signing for a business

**X**

Legal owner signature

Title, if signing for a business

Notarization/Certification

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_

(Seal or stamp)

by

Print legal owner name

by

Print legal owner name

Notary printed or stamped name

Notary signature

Title

and **X**

Dealer/county office number or notary expiration

**7 Land Description**

Legal description of land

Lot 2 of Decals Run S/P 2021-00 2216 Skamania  
County, Washington. ym 10-7-21

Manufactured home TPO/Plate or Vehicle Identification number (VIN) \_\_\_\_\_

**3 Dealer Report of Sale** – Selling dealer complete this section

PRINT or TYPE Dealer name		Washington dealer no.
Date of sale	Purchase price	Tax jurisdiction/Tax rate

☐ Sales Tax Exempt – Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

*I certify under penalty of perjury under the laws of the state of Washington that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected.*

\_\_\_\_\_  
Date and place (city or county) signed      **X** Dealer authorized signature

**9 County Auditor/Agent Licensing Office Approval** (not for use by subagents)

PRINT or TYPE Name <i>Edi Hym Moser</i>	County office/VFS operator no. <i>30-01</i>
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*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** \_\_\_\_\_  
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