

**RETURN NAME and ADDRESS**

McCarthy & Holthus, LLP; Attn: Title

2763 Camino Del Rio South

San Diego, CA 92108

Please Type or Print Neatly and Clearly All Information

**Document Title(s)**

Re-recording MHTE to correct mobile home VIN to: GW3ORCE113325A/B/C

**Reference Number(s) of Related Documents**

133336 Book 183 Page 38

**Grantor(s)** (Last Name, First Name, Middle Initial)

ROBERT F. EVERT

PATRICIA A. EVERT

**Grantee(s)** (Last Name, First Name, Middle Initial)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING

**Legal Description** (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)

Lot 39 Columbia Heights

**Assessor's Tax Parcel ID Number** 03082941540000

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

\_\_\_\_\_  
Signature of Requesting Party

133336

BOOK 183 PAGE 38

FILE  
SEARCHED  
SERIALIZED  
INDEXED  
MAR 10 1958  
KAMAHIA CO. HI.

MAR 6 10 29 AM '58

GARY H. OLSON

**AFTER RECORDING MAIL TO:**

Name Evert's  
Address PO Box 91  
City/State Cargen WA. 98610

Document Title(s): (or transactions contained therein)  
1. Manufactured Home Title Elimination  
2.  
3.  
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

Grantor(s): (Last name first, then first name and initials)

1. Evert, Robert F.
2. Evert, Patricia A
- 3.
- 4.

5. ☐ Additional names on page 1 of document

Grantee(s): (Last name first, then first name and initials)

1. State of Washington
2. Department of Licensing
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

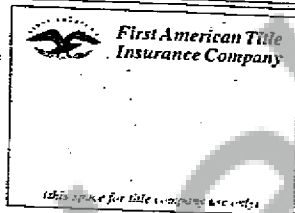
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lot 39 Columbia Heights

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-4-1-5400-00

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



Unofficial  
Copy

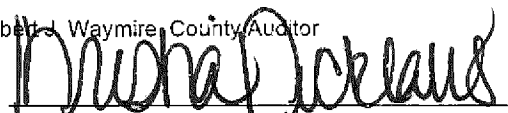
State of Washington  
County of Skamania

I, Robert J. Waymire, Skamania County Auditor, do hereby  
certify that the foregoing instrument is a true and correct  
copy of the document now on file or recorded in my office.

In witness whereof, I hereunto set my hand and official seal  
this 14th of August 2023.

Robert J. Waymire, County Auditor

By

  
Krisha Nicklaus - Deputy



# MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ADDRESS

Please check one

- ☒ TITLE ELIMINATION (Complete all but section 3, below)  
☐ TRANSFER IN LOCATION (Complete ALL sections below)  
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

**1 MANUFACTURED HOME**

TP/PLATE NUMBER YEAR MAKE WIDTH/LENGTH VEHICLE IDENTIFICATION NUMBER (VIN)  
+ 064952 1994 GOLDEN PINE 36/60 CE13375

**2 LAND**

Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).  
Manufactured home will be ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER  
03-08-29-4-1-5400**3 TITLE COMPANY CERTIFICATION**

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME TITLE COMPANY/HOME NUMBER SIGNATURE DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

**4 BUILDING PERMIT OFFICE CERTIFICATION**

I certify that this manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME SIGNATURE/TITLE BLDG PERMIT OFFICE PHONE # DATE  
Ken Baird X Ken Baird 1562-1562 509 412-9484 12/17/96

**5 OWNER INFORMATION**

COUNTY # REG. # FEE # LEGAL OWNERS Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

NAME OF FIRST OWNER  
ROBERT F. EVERTNAME OF SECOND OWNER  
PATRICIA A. EVERTADDRESS OF OWNER  
P.O. BOX 91CITY STATE ZIP CODE  
CARSON WA 98610NAME OF FIRST LEGAL OWNER  
COMMUNITY LENDING INCMAILING ADDRESS OF FIRST LEGAL OWNER  
5620 NE GHER ROAD STEECITY STATE ZIP CODE  
VANCOUVER WA 98662SIGNATURE OF LEGAL OWNER INDICATES CONSENT TO ELIMINATION OF TITLE REMOVAL  
FROM REAL PROPERTY: M. A. Shiner - 12-8-96

Anyone who knowingly makes a false statement of a material fact regarding a vehicle, and upon conviction may be fined up to \$5,000 and/or 10 years imprisonment (RCW 4A.12.010). PERJURY PENALTY OF PERJURY LAW THAT WE ARE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

X Patricia A. Evert  
X Robert F. Evert

NOTARY OF LICENSE (SEE 2.10)

X Deb J. Duvall

**6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)**

I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME SIGNATURE OFFICE/OPS OPERATOR NUMBER DATE  
Angela Moser X Angela Moser 30-01-08 11-5-98

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Lot 39, COLUMBIA HEIGHTS, according to the recorded plat thereof, recorded  
in Book A, Page 136, in the County of Skamania, State of Washington.