03/04/2024 01:30 PM MFHOME Pgs=3 Request of: FRED NEWMAN RETURN RECORDED DOCUMENT TO: 00017968202400002340030035 Please check one: **Manufactured Home** WASHINGTON STATE DEPARTMENT OF **Application** .ICENSING ☑ Title Elimination For full instructions on completing this form, ☐ Transfer in Location see Manufactured Home Application Instructions, form TD-420-730. Removal from Real Property Manufactured Home Title purpose only (TPO)/Plate no. Make Length/Width (feet) Vehicle identification no. (VIN) Year 1996 2 Land Manufactured home will be Real property Tax parcel no. 0308292108700 Legal description on page Affixed Removed Quarter/Quarter section Lot Block Plat name or Section/Township/Range loce (D. EsT Manufactured home physical location (Street address, City, State, ZIP code) Is location mobile home park? ☐ Yes ☑ No 3 Grantor(s) Registered/Legal Owner(s)-Additional names on page County no. No. registered owners No. legal owners | Grantee name (if applicable) Name of registered owner Washington driver license or UBI no. IEWMAFA4960Z Ownership—Joint tenants w/right of survivorship

Wewway (JTWROS) Yes Name of additional registered owner Washington driver license or UBI no. Address (Address, City, State, ZIP code) 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 declare under penalty of perjury under the law of Washington that I am/we are the registered owners of this manufactured home and the foregoing information is true and correct. 2 levensor Date/and place (city or county) signed Registered owner signature Title, if signing for a business Mai Date and place (city or county) signed Registered owner signature Title, if signing for a business Notarization TARY PUBLIC STATE OF WASHINGTON Signed or attested before me LISA MICHELLE AUSTIN NEEDECICK

Notary printed or stamped name

Skamania County, WA Total:\$305.50

2024-000234

MYSCOMMISSION EXPIRES FEBRUARY 15, 2027 COMMISSION # 151815

Dealer/county office number or notary expiration

4 Title Company Certification			
PRINT or TYPE Name of person signing	Title company name		
Position	(Area code) Phone number		
I declare that the legal description of the land and ow	vnership is true and correct according to the real property record		
<b>x</b>			
	nature Date		
Building Permit Office Certification			
I certify that			
the manufactured home has been affixed to the	real property as described. and the attachment will be inspected upon completion.		
PRINT or TYPE Name of person signing	Building permit office   Building permit number		
ARNOLD BELL	SKA. (S)		
Position	(Area code) Phone number		
BUILDING OFFICIAL	(Area code) Phone number 5-69-47-7-3915		
	A Pl 2 zlasla		
Sig	nature Date		
Signature of Legal Owner(s)			
Signature of legal owner indicates consent for Elimi	nation of Title or Removal from real property		
Same and the same	mation of the of Nemoval Holli real property.		
X			
Leg X	gal owner signature Title, if signing for a busine		
Leg	al owner signature Title, if signing for a busine		
Notarization/ Certification State of	, County of		
Signed or attested	before me on		
al or stamp) by by Print legal owner name Print legal owner name			
Notary printed or stamped name			
Title	and Dealer/county office number or notary expiration		
	Totally expirate		
Land Description  Legal description of land / / / / / / // ///	2 VTTI		
LUT & OI Walla	ce Creek Estates		
NWINE & Sec. 2	9 T.3 N.g. Q. 8 E.W.M.		
BK B/PG84 90-0	10475		
<i>,</i>	· •		

Manufactured	home TPO/Plate	e or Vehicle Identificatio	n number (VIN)			
8 Dealer R	eport of Sale-	-Selling dealer complete t	his section			
PRINT or TYPE Dealer name				Washington dealer no.		
Date of sale		Purchase price		Tax jurisdiction/Tax rate		
☐ Sales Tax	Exempt-Sale to a	a Certified Tribal member	on the reservation	n (attach notarized	d statement of delivery).	
l declare und home is clear	er penalty of perju r of encumbrances	ury under the law of Wash s except as shown. Any re	ington that this in equired sales tax	formation is corre has been collecte	ct. The manufactured d.	
Date and place	(city or county) sign		uthorized signature	. /	7	
9 County A	Auditor/Agent	Licensing Office App	roval (not for us	e by subagents)	77	
			County office/VFS operator no.			
l declare that documentation	the above applica on to proceed with	ation appears to be compl the recording of this form	leted correctly, an		as sufficient	
		Signature			Date	
10 Title Fee	)S	L V/A				
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees	
				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