Skamania County, WA
Total:\$306.50
MFHOME
Pgs=4

2024-001770
12/03/2024 01:54 PM

Request of: CLARK COUNTY TITLE

00020013202400017700040043

RETURN RECORDED DOCUMENT TO:	
Clark County Title Company	
Attn: Cheryl Monahan	
1400 Washington Street; Ste 100	
Vancouver, WA 98660	
Manufactured	Please check one:
washington state department of initial washing washing application with the control of the contr	
For full instructions on completing this form,	☐ Transfer in Location
see Manufactured Home Application Instructions, form TD-420-73	Removal from Real Property
1 Manufactured Home	
Title purpose only (TPO)/Plate no. Year Make Length/V	/idth (feet) Vehicle identification no. (VIN)
2 Land	(2) 0 1 245.00P. H. A101578AB
Manufactured home will be Real property	
✓ Affixed ☐ Removed Tax parcel no. <u>02072034010000</u>	Legal description on page
Lot Block Plat name or Section/Towns	
1 8 Plat of Relocated North	
Manufactured home physical location (Street address, City, State, ZIP co 801 Celilo; North Bonneville, WA 98639	Is location mobile home park? Yes No
3 Grantor(s) Registered/Legal Owner(s)-Additional nar	
County no. No. registered owners No. legal owners Gra	intee name (if applicable)
Name of registered owner Calvin R Owens	Washington driver license or UBI no.
Name of additional registered owner Mary L Owens (JTWROS)	Joint tenants Washington driver license or UBI no.
Address (Address, City, State, ZIP code) PO Box 222; North Bonneville, WA 98639	
Name of legal owner	Washington driver license or UBI no.
Umpqua Bank	
Name of additional legal owner 6610 SW Cardinal Land Suite 100	Washington driver license or UBI no.
Address (Address, City State, ZIP code)	
Tigard, OR 97224	
I declare under penalty of perjury under the law of Washington th	
manufactured home and the foregoing information is true and co.	
5/18/23 Vancouver, NA. X Calv	RA Cleven
Date and place (city or county) signed 5/18/23 Vancouver, WA Registered owner X/Vary C	Signature) Title, if signing for a business
Date and place (city or county) signed / // Registered owner	
Notarization/Certification State of WSNIMATU	County of 1
Signed or attested before me on	MW 18, 723
CHERYL MUNAHAN I (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	2001 MINUTED STATES
(SENOTAL RYPPUBLIC #67276 by WINT Print #6156 equipmer variety)	Brief distance dunar name
STATE OF WASHINGTON	
1 ILINE 9, 2023 1 - 10101V	andand
Title	Dealer/county office number or notary expiration

OFFICIAL STAMP
PIETER ZACHARIAS VERMEULEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 1028997
MYCOMMISSION EXPIRES SEPTEMBER 19, 2026

Title Company Certification		
PRINT or TYPE Name of person signing	Title company r	name
Position		(Area code) Phone number
i declare that the legal description of the lar	nd and ownership is true and on	Description to the section to
in the second se	O) DIIB en ii èi diiloieume min co	inect according to the real property recor
	Signature	Date
Building Permit Office Certificat	ion	Duto
I certify that		
the manufactured home has been affixed a building permit has been issued for this	od to the real property as descr numose and the attachment wi	ribed.
PRINT OF TYPE Name of person signings	Building permit	office Building permit number
Frynold Bell	. Sevens	SOO
Postion Office	cicle 1	(Area code) Phone number
J 1110	w 01	
	Signature	240/VUI/05/2
Signature of Legal Owner(s)		DA10 /
Signature of legal owner indicates consent	for Elimination of Title or Dam	anual from sool promoths
olgilature of regat owner indicates consent	to Eminimation of 1199 of Veni	
	Music War	AVP Post - Clos Title, If signing for a busine
	vegavowner algnature	Title, if signing for a busine
	Legal owner signature	Title, if signing for a busine
Notarization/Certification State of	Oregon County of	Washington
Signed o	r attested before me on $\frac{5}{2}$	22/2023
10.	bdiva Bank	by Shawhee Moore
(Seal or stamp) by <u>மூர</u> ி by <u>மூரி</u> by <u>மூரி</u>	gal owner name	D)
Pie. Notary	gel owner name <u>Fer Zacharias Verme</u> printed or stamped name	Wotary signature
<u></u>		and X 9//9/2026
Title		Dealer/county office number or notary expirat
Land Description egal description of land		
agar description of larid	14 7	
1 OT 4 PLOCK O OF PLAT OF P	EL OCATED MODILL BOM	APPRILE ACCORDING TO THE
		NEVILLE, ACCORDING TO THE PAGE 32, UNDER AUDITOR'S FILE
NO. 83466 ALSO RECORDED IN	BOOK "B" OF PLATS, P	AGE 32, UNDER AUDITOR'S FILE
NO. 84429, RECORDS OF SKAN	JANIA COUNTY, WASHIN	IGTON.
Situated in the County of Skaman	ia, State of Washington.	
		Continued on next p

Title Company Certification		
PRINT or TYPE Name of person signing	Title compan	y name
Position		(Area code) Phone number
I declare that the legal description of the	land and ownership is true and	correct according to the real property record
. ,	X	and the property record
	Signature	Date
Building Permit Office Certific	cation	
I certify that the manufactured home has been aff a building permit has been issued for the	fixed to the real property as des	scribed. will be inspected upon completion.
PRINT or TYPE Name of person signing	Building pern	
Position		(Area code) Phone number
	х	
	Signature	Date
Signature of Legal Owner(s)		
Seal or stamp) by	d or attested before me on	Title, if signing for a busines of Washington by Shawhee Moore Print legal owner name Notary signature 9/19/2026 Dealer/county office number or notary expiration
Land Description		
PLAT THEREOF, RECORDED) in book "B" of plats,) in book "B" of plats,	NNEVILLE, ACCORDING TO THE PAGE 32, UNDER AUDITOR'S FILE PAGE 32, UNDER AUDITOR'S FILE NGTON.

Manufactured home TPO/Plate or Vehicle Identification number (VIN) <u> </u>							
8 Dealer Report of Sale - Selling dealer complete this section							
PRINT or TYPE Dealer name Columbia Gorge Afforda	bled Homes, LLC.	_	Washington dealer no. 602018297				
Date of sale 10/13/2022	Purchase price 190,551.27	Tax juris 7.5 %	diction/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/Age	nt Licensing Office App	oval (not for use	by subagents)				
PRINT OF TYPE Name County offi RECONNOL WESTFAM		County office/VFS o	office/VFS operator no. 30-01 Skamania				
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 12 3 2 H Date							
10 Title Fees							
Filing fee Application	Mobile home fee	Elimination fee	Use tax	Subagent fees			
		7	-	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