


After recording return to:

WFG National Title
2105 NE 129th Street
Vancouver, WA 98686

WFG 24-162711

Skamania County, WA
Total: \$307.50
MFHOME
Pgs=5
Request of: WFG NATIONAL TITLE

2025-000004
01/02/2025 01:59 PM


00020236202500000040050054

Please print legibly or type information.

Document Title(s) Re-record Title Elimination to check Title Elimination Box not checked in error	
Skamania County Real Estate Excise Tax	
Grantor(s) Vince F Brown and Melanie J Brown	N/A JAN 02 2025
Additional Names on Page of Document	PAID N/A Skamania County Treasurer M. M. Braske Deputy
Grantee(s) State of Washington Department of Licensing	
Additional Names on Page of Document	
Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)	
Complete Legal Description on Page of Document N 1/2 Tracts 3 and 4 SP 2/ Pg 209	
Auditor's Reference Number(s) 2005155832	
Assessor's Property Tax Parcel/Account Number(s) 02-05-20-0-0-0609-00	
The Auditor/Recorder will rely on the information provided on this cover sheet. The Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	
I am requesting an emergency nonstandard 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 part of the text of the original document.	
Signature of Requesting Party(required for non-standard recordings only) GPCOVST. Doc rev4/02	

Doc # 2005155832
Page 1 of 3
Date: 01/06/2005 10:51A
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMAHIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

RETURN ADDRESS

CLARK COUNTY TITLE
1503 NE 78th STREET #12

VANCOUVER, WA 98665
attn: JAN #97848

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input checked="" type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
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 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
Z75020	1983	PRESG	40 X 28	7618	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02 05 20 0 0 0609 00					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		Lot 3 WHITAKER #1 Bk 2 / Pg 209			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER SKAMANIA		NUMBER OF REGISTERED OWNERS two		NUMBER OF LEGAL OWNERS one	
NAME OF REGISTERED OWNER VINCE F. BROWN					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER MELANIE J. BROWN					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS 441 MATHEWS					
CITY WASHOUGAL		STATE WA		ZIP CODE 98671	
NAME OF LEGAL OWNER ARGENT MORTGAGE COMPANY LLC					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS 2603 MAIN STREET					
CITY IRVINE		STATE CA		ZIP CODE 92614	
GRANTEE					
NAME STATE OF WASHINGTON DEPARTMENT OF LICENSING					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE VINCE F. BROWN					
Signature of Additional Registered Owner and Title, IF APPLICABLE MELANIE J. BROWN					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of CLARK					
Signed or attested before me on 12/14/04					
by VINCE F. BROWN					
PRINT NAME OF REGISTERED OWNER					
by MELANIE J. BROWN					
PRINT NAME OF REGISTERED OWNER					
Title NOTARY AND: County/Office No. OR 10/10/06 DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date					
4 TITLE COMPANY CERTIFICATION					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED) JAN SOUTHARD					
TITLE COMPANY / PHONE NUMBER CLARK COUNTY TITLE COMPANY 360 573 4700					
SIGNATURE / POSITION JAN SOUTHARD ESCROW WORKER					
DATE 12-21-04					
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
5 BUILDING PERMIT OFFICE CERTIFICATION					
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) Marlon Morat					
BLDG PERMIT OFFICE/PHONE # 509-422-9484					
BLDG PERMIT # 263-03					
SIGNATURE / POSITION Marlon Morat Building Inspector					
DATE 12-14-04					

Unofficial
Copy

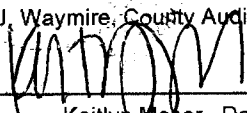
State of Washington
County of Skamania

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.

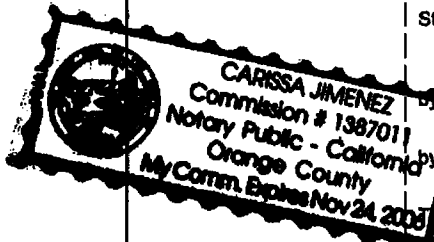
in witness whereof, I hereunto set my hand and official seal
this 23rd of December 2024.

Robert J. Waymire, County Auditor

By



Kaitlyn Moser - Deputy

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
775020	1983	PRESG	40 X 28	7618	
6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <i>[Signature]</i> <i>[Title]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington CALIFORNIA		Signed or attested before me on 12-16-04	
		County of <i>Orange</i>		Signature <i>[Signature]</i>	
		by <i>Vista Gerardo</i>		NOTARY OR AGENT	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
by <i>Mary</i>		County/Office No. OR		AND: Dealer No. OR 11-21-06	
PRINT NAME OF LEGAL OWNER		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
FOR LEGAL DESCRIPTION SEE EXHIBIT "A" ATTACHED AND BY THIS REFERENCE MADE A PART HERETO.					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)		WA DEALER NUMBER		DATE OF SALE	
PURCHASE PRICE		TAX JURISDICTION/TAX RATE		DEALER'S AUTHORIZED SIGNATURE	
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)					
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 (TYPED OR PRINTED)		COUNTY OFFICE/VFS OPERATOR NUMBER			
<i>Angela Moser</i>		<i>30-01-08</i>			
SIGNATURE		DATE			
<i>Angela Moser</i>		<i>12-28-04</i>			
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
TOTAL FEES & TAX					
IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.					
APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.					
For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.					

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

Exhibit A

A parcel of property located in the Northwest quarter of the Southeast quarter of the Northwest quarter of Section 20, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, described as follows:

The North half of Tracks 3 and 4 of that Short Plat recorded in Book 2 of Short Plats, page 209, Skamania County Records , plus an exclusive easement for ingress, egress and utilities running across and over the Westerly 30 feet of newly created Lot 4 (formerly Tract 3)

ALSO TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over the West 60 feet of the Southwest quarter of the Southwest quarter of the Northwest quarter of Section 20, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington.

ALSO a non-exclusive easement for ingress, egress and utilities 60 feet in width, the centerline being the North boundary of the South half of the South half of the Northwest quarter of Section 20, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, excepting the East 660 feet thereof.