

8/21/2007 Page

1 of

2 9:32AM

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#	
STATE OF WASHINGTON MANUFACTURED HOME PLEASE CHECK	ONE
ICENSING APPLICATION TRANSFER IN LOCATION	N
nyone who knowingly makes a false statement of a material fact is guilty	PROPERTY
f a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)	
MANUFACTUREDHOME	
PLATE NUMBER YEAR MAKE LENGTHWIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)	
LAND LEGAL DESCRIPTION ON PAGE	
REAL PROPERTY TAX PARCEL NUMBER	$\overline{1}$
ANUFACTURED HOME WILL BE AFFIXED REMOVED SECTION/TOWNSHIP/RANC	
TOTAL OHOS 2 PLAT NAME OUR CONCLOKE SECTION TOWNSHIP HANG	
GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE	
OUNTY NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS	
AME OF REGISTERED OWNER	
Ruth Ellis	
23/000 LOVO TOC. P.O. BOX 26	
23006 Care St. / P.O. 730x 20 STATE ZIROGOE	
Clear lake WX 982	235
AME OF LEGAL OWNER	
AME OF ADDITIONAL LEGAL OWNER	
DDRESS CITY STATE ZIP CODE	
GRANTEE	
AME	
ONNERGE CONTROL OF CON	OE TUIS
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/ WE AM/ARE THE REGISTERED OWNER(S) LEHICLE AND THIS INFORMATION IS ACCURATE:	lor iiiis
Signature of Registered Owner and Title, IF APPLICABLE	
Signature of Additional Registered Owner and Title, IF APPLICABLE	TURE .
State of Washington Signed or affested J.	10.17
County of	20.01
by Right Ellis signature Tilling	2901.27
PRINT NAME OF REGISTERED OWNER NO MARY OF AGENT	
by PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY	
Title AND:	2901.27
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date	
	7)
TITLE COMPANY CERTIFICATION	
TITLE COMPANY CERTIFICATION certify that the legal description of the land and ownership is true and correct per the real property records.	
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TITLE COMPANY CERTIFICATION certify that the legal description of the land and ownership is true and correct per the real property records. INTLE COMPANY / PHONE NUMBER IGNATURE / POSITION DATE Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representation BUILDING PERMIT OFFICE CERTIFICATION	ve signs.
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RETURN ADDRESS

6 SIGNATURE OF L	EGAL OWNER			
SIGNATURE OF LEG	AL OWNER INDICATES CON	SENT FOR ELIMINATI	ON OF TITLE / REMOVAL	FROM REAL PROPERTY.
Signatura o	Legal Owner and Title, IF APP	LICABLE		
_				
	Legal Owner and Title, IF APP	LICABLE		
NOTARY SEAL OR ST	NOTAR	ZATION/CERTIFICATI	ON FOR LEGAL OWNER(S	S) SIGNATURE
	State of Washington		Signed or attested	
			belote the o	
	by PRINT NAME OF LE	04.00000	Signature	
		SAL OWNER	NOTARY OR	AGENT
	PRINT NAME OF LE	GAL OWNER	PRINTED NAME OF NOTA	RY
	Title			ffice No. OR ealer No. OR
	DEALERSHIP POSIT	ION/AGENT/NOTARY	Notary Ex	piration Date
7 LAND DESCRIPT	ON (A legal description of th	e land can be obtained	from the local County As	sessor's Office
	egal Description	ed and a second		
	ORTH PARK TO CLEAR L	AKE LOT 4 AND WE	ST 17 FEET OF LOT 5	BLOCK 2
•	OKINI PAK TO OLLIACE			
		BLAKE DRIVE	, , , , , , , , , , , , , , , , , , ,	
	nagation Committee and	A. 178	.	,
	• "	1233 N FRONT ST		
8 DEALER'S REPO		ake, WA 98235	. //	
	IIS INFORMATION IS CORRE	CT. THE VEHICLE IS C	LEAR OF ENCUMBRANCE	S EXCEPT AS SHOWN.
	LES TAX HAS BEEN COLLE			
DEALER NAME (TYPED OR			WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	<u> </u>		
	EMPT Sale to a Certified Tribal			ent of delivery).
	RVAGENT LICENSING OFFICE			
the recording of this for	oplication appears to have been on.	completed correctly, and t	ле аррисалта <i>в ѕитс</i> тептос	Cumentation to proceed with
NAME (TYPED OR PRINTED	abrielle C	hau	COUNTY OFFICEAUS OPERAT	OR NUMBER
SIGNATURE	#109	ee 2901	. 27	8-21.07
10 TITLE FEES		/ 8		
FILING FEE	APPLICATION MOBILE HO	DMEFEE	FEE USE TAX	SUBAGENT FEES
· · · · · · · · · · · · · · · · · · ·				TOTAL FEES & TAX
IMPORTANT:	Once the application has Licensing Office, take your Retain proof of the recon your original application	our application form to rding fees paid. If the	o the County Recording • Recording Office retain	Office.
APPLI	Manufactured H		Vehicle Licensing office ying all required fees. Ve a fee.	
	tructions on completing thi r in Location, see form TD			

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8885