Indexed, cir Indirect Filmed 9/2 Mailed

	THOIS II
Manufactured Home:	
Year 1983 Make Liberty Width 24	Length60
Vehicle Identification Number S2460-2B-IK-2B	
Registered Owners:	
Warnes Dana Horne Signatures'	and lone
Legal Owners:	4100
Names Dana Morne Signatures LC	udbre
'SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME TH INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH BEING AFFIXED.	ROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS:IS
Land to Which Manufactured Home is Being Affixed:	BI SKAMANIA CO. TITLE
Property Tax Parcel Number 02-05-19-0-0-0800-00	SEP 23 1 23 (11 '91
Legal Description of 2 of Malfait Short Plat No. 4	1. Lowry
Owners' Names DUOLE CILL Signatures <sup>2</sup>	G.F.E.T
*SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO	THE REAL PROPERTY LISTED ABOVE.
Building Permit Office Certification:	
I certify that the manufactured home has been affixed to the real property a number has been issued for the purpose of affixing the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the real property and the manufactured home has been affixed to the purpose of affixing the manufactured home.	is described above and/or building permit
inspected upon completion. ( upon original place ven	)
NAME SCHATURE SIGNATURE SIGNATURE	7-4-91 509-427-514) DATE PHONE NUMBER
	TOTAL NOTE IN
County Auditor/Agent Licensing Office Approval: (Not for use by subage	ints)
I certify that the above application appears to have been completed correct	
decomentation to proceed with the recording of this form.	and the dipplicant has sufficient
PLAGY LOWING SIGNATURE SOUTH OFFICE CAAPOR	06 9/23/9/ ERATOR NUMBER DATE
Recording Office:	/ · · ·
I certify that this form has been recorded in the county records.	, 1

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.

TD 420 730 MEG HONE TITLE ELIM IN 1 90. Page 2 of 2