

113041

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MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:		FILED FOR RECORD SKAMANIA CO. TITLE	
Year <u>1969</u>	Make <u>Broom</u>	Width _____	Length _____
Vehicle Identification Number <u>51899</u>		MAR 4 6 25 1992	
Registered Owners:			
Names <u>John C. & Harriet Irene Baxter</u>		Signatures' <u>John C. Baxter</u> <u>Harriet Irene Baxter</u>	
Legal Owners:			
Names <u>Same as Registered</u>		Signatures' <u>Irene Baxter</u>	
<small>*SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/ THEY OWN AND TO WHICH IT IS/IS BEING AFFIXED.</small>			

Land to Which Manufactured Home Is Being Affixed:		Registered <input checked="" type="checkbox"/>	
Property Tax Parcel Number <u>02-07-20-3-4-0500-00</u>		Indexed, Off <input checked="" type="checkbox"/>	
Legal Description <u>Lot 5, Block 8, Plat of Relocated North Bonville</u>		Insured <input checked="" type="checkbox"/>	
Owners' Names <u>John C. & Harriet Irene Baxter</u>		Filed <u>3/4/92</u>	
<small>*SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY USED ABOVE.</small>		Mailed <input checked="" type="checkbox"/>	

Building Permit Office Certification:			
I certify that the manufactured home has been affixed to the real property as described above and/or building permit number <u>528</u> has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.			
NAME <u>Don A. Hyslop</u>	SIGNATURE <u>W. Bonville</u>	DATE <u>2-27-92</u>	PHONE NUMBER _____
for Frank Finch		BLDG PERMIT OFFICE	

County Auditor/Agent Licensing Office Approval: (Not for use by subagents)			
I certify that the above application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form.			
NAME <u>Ch. Leach</u>	SIGNATURE <u>30-01</u>	OFFICE/CAAP OPERATOR NUMBER <u>349</u>	DATE <u>3-4-92</u>

Recording Office:			
I certify that this form has been recorded in the county records.			
NAME <u>Peggy B. Lowry</u>	SIGNATURE <u>Peggy B. Lowry</u>	COUNTY <u>Skamania</u>	DATE <u>3/4/92</u>
			RECORDING NUMBER <u>113041</u>

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.