BOOK 152 PAGE 313

123266

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

FILED FOR RECORD
RECORDER'S CHECK
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
SEP 8 1 53 PM '95
AUDITOR
GARY H. OLSON

TITLE OPTIONS
- ☐ Original
- ☐ Transfer
- ☐ Duplicate
- ☐ Release
- ☒ TITLE ELIMINATION (Complete all but section 3, below)
- ☐ TRANSFER IN LOCATION (Complete ALL sections below)
- ☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

1 MANUFACTURED HOME

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1983	Silvercrest	28/64	AB7SC19850R		

2 LAND

- Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
- Land to which the manufactured home is being: ☐ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER: 02-06-32-0-0-0205-00

3 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY PHONE NUMBER	SIGNATURE	DATE
Skamania County Title		X	

NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

4 BUILDING PERMIT OFFICE CERTIFICATION

I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE NUMBER	BLDG PERMIT #	DATE
Dean A. Uyguard	X Dean A. Uyguard	(509) 427-9484	1306	12-3-93

5 OWNER INFORMATION

COUNTY # | PIC | UBI/UIC | NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

NAME OF FIRST REGISTERED OWNER: Peter C. Reichenbach — DOL Client "NUMBER": E E I C H P C 6 0 9 P E
NAME OF SECOND REGISTERED OWNER: ~~Anne M. Reichenbach~~ — DOL Client "NUMBER": E E I C H A M 4 8 7 J E
ADDRESS OF FIRST REGISTERED OWNER: MP 0.29 Deville Drive
CITY: Skamania STATE: WA ZIPCODE: 98648
NAME OF FIRST LEGAL OWNER*: Premier Mortgage Resources
MAILING ADDRESS OF FIRST LEGAL OWNER: 4550 SE Kruse Way, Suite 265
CITY: Lake Oswego STATE: OR ZIPCODE: 97035
*SIGNATURE OF LEGAL OWNER INDICATING CONSENT FOR ELIMINATION OF TITLE: X [signature] DATE: 7-21-95

This "NUMBER" may be found on your Washington Drivers License/ I.D. Card --OR-- If the owner is a business, provide the Unified Business Identifier(UBI) number.

More than two registered or one legal owner? . . . Please use attachment forms (TD-420-732)

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 of up to $5,000 and/or imprisonment for up to 10 years. UNDER PENALTY OF PERJURY LAW WE, THE UNDERSIGNED, DO SOLEMNLY ATTEST THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THAT THE INFORMATION IS ACCURATE:

Registered Owner Signature(s) (Title)

X [signature]
X
X

NOTARY OR LICENSE AGENT & NUMBER: X DEBI J. BARNUM
Subscribed and Sworn to Before Me This 31st Day of AUGUST 19 95
Residing in CLARK County

NOTARY PUBLIC STATE OF WASHINGTON MAY 9, 1999

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME:
DATE OF SALE:
VIN DLR NO.:
DEALER'S AUTHORIZED SIGNATURE: X

PURCHASE PRICE: $
TAX JURISDICTION/TAX RATE:
Reg. stored
Ordered, On
Indirect
Filmed
Mailed

☐ USE TAX EXEMPT Sale is Indian on the Reservation (attach notarized statement of delivery)

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

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	SIGNATURE	OFFICE/AGENT OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-0-08	9/8/95

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
123266	Skamania	152/313	9/8/95

FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEE	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$