117536

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STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

FILED FOR RECORD
RECORDER'S CLOCK
SKAMANIA CO. WASH
BY Michelle Sewery

SEP 30 2 34 PM '93

RECORDED AT REQUEST OF: AUDITOR GARY M. 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 OF TOP OR FRONT	COLOR OF BOTTOM OR REAR
78	Bradbury	28/48	Serial # BO7058	Blue	Gray

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:

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
		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.

BLDG PERMIT #:

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Dean A. Nygaard	X Dean A. Nygaard / Building Insp	509-427-7480	9-30-93

5 OWNER INFORMATION

COUNTY #: | INC | UNINC | 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: Michelle Lalae Sewery

NAME OF SECOND REGISTERED OWNER: N/A

ADDRESS OF FIRST REGISTERED OWNER: Brooks Rd Po Box 179

CITY: Carson STATE: Wa ZIPCODE: 98610

NAME OF FIRST LEGAL OWNER*: Key Bank of Washington

MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. Box 350

CITY: Walla Walla STATE: Wa ZIPCODE: 99362

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X [signature] DATE: 9/24/93

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 form (TD-420-732)

FEES

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

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 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Registered Owner Signature(s): (Title)

X Michelle L. Sewery

X

X

DEALER'S REPORT OF SALE

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

DEALER NAME: Golden West

WA DLR NO. | DEALER'S AUTHORIZED SIGNATURE: X

PURCHASE PRICE: $

TAX JURISDICTION/TAX RATE:

DATE OF SALE:

NOTARY OR LICENSE AGENT & NUMBER: X [signature] 30 APR 94

Subscribed and Sworn to Before Me This 30 DAY of Sept 19 93

Residing in Skamania County

☐ USE TAX EXEMPT (Sale to 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	OPERATOR NUMBER	DATE
DARLENE M. LEEK	X [signature]	-01 492	9-30-93

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
117536	Skamania	138/462	9/30/93

3-8-17-3-1300

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the following described real estate, situated in the County of Skamania
State of Washington, together with all after acquired title of the grantor(s) therein:

That portion of the North half of the South west Quarter of the South west Quarter (N½ SW¼ SW¼) of Section 17, Township 3 North, Range 8 E. W.M., described as follows:

Beginning at the South east corner of the N½ of the SW¼ of the SW¼ of the said Section 17; Thence north along the east line of the SW¼ of the SW¼ of the said Section 17, a distance of 290 feet; Thence west 150 feet; Thence South 290 feet to the South line of the N½ of the SW¼ of the SW¼ of the said Section 17; Thence east 150 feet to point of beginning.

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