117565

BOOK 138 PAGE 519

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

FILED, RECORDED & INDEXED
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
Oct 4 15 PM '93
RECORDED BY REQUEST OF AUDITOR
GARY M. OLSON

TITLE OPTIONS

- [ ] Original
- [ ] Transfer
- [ ] Duplicate
- [ ] Reissue

- [X] 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
1986	CHADW	70/28	DVLCW2AG171309279		

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: [X] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 03-08-2-0-0100-00

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.

BLDG PERMIT #

NAME	BLDG PERMIT OFFICE TITLE	BLDG PERMIT OFFICE PHONE NUMBER	DATE
	X See Attached		

5 OWNER INFORMATION

COUNTY # | RCC [ ] | UBI/UBC [X] | NUMBER OF REGISTERED OWNERS 2 | NUMBER OF LEGAL OWNERS 1

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

NAME OF FIRST REGISTERED OWNER: Annette Hamilton — AHAMILA*403ND

NAME OF SECOND REGISTERED OWNER: Steven P. Hamilton — AHAMILS*A913KG

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.

ADDRESS OF FIRST REGISTERED OWNER: MP .02L Eyman Cemetary

CITY	STATE	ZIPCODE
Carson	WA	98610

NAME OF FIRST LEGAL OWNER*: First Independent Bank

MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. Box 340

CITY	STATE	ZIPCODE
Stevenson	WA	98648

More than two registered or one legal owner? . . . Please use attachment form (TD-420-7312)

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X See Attached | DATE

***FEES**

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
UBI 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 (see RCW 46.12.210). DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THE INFORMATION IS ACCURATE.

Registered Owner Signature (Title)

X

X

X

NOTARY OFFICE SEAL & NUMBER: X

Subscribed and Sworn to Before Me This Day of 9 19 93

Residing in Skamania County

DEALER'S REPORT OF SALE

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

DEALER NAME

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

PURCHASE PRICE: $

TAX JURISDICTION/TAX RATE

DATE OF SALE

[ ] USE TAX EXEMPT (Note to Indian on tribal Reservation (attach notarized statement of exemption)

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

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	APPROVING OPERATOR/OWNER	DATE
Darlene M. Leek	X		10-01-93

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER		COUNTY	VOLUME/PAGE	DATE
117565	G. Gary	Skamania	138/519	10/4/93

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