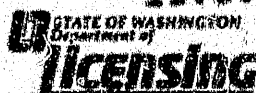


117565

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MANUFACTURED HOME APPLICATION

 FILED/RECORDED BY
 SKAMANIA CO. WASH
 BY SKAMANIA CO. TITLE

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Reissue

☒ 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)

Oct 4 15 PM '93

 GARY M. OLSON
 AUDITOR

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/DEPTH	VIN/VIN IDENTIFICATION NUMBER (VIN)	COLOR BY TOP OR FRONT	COLOR BY BOTTOM OR REAR (COLOR)
1986	CHADW	70/28	DVLCW2AG171309279		

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 MAP/SECTION NUMBER 03-08-2-0-0100-00

TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership are true and correct.			
NAME	ADDRESS/PHONE NUMBER	SIGNATURE	DATE
	Skamania County Title	☒	
NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.			

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	PHONE/FAX/TELETYPE	BUILDING PERMIT OFFICE/PHONE NUMBER	DATE
☒	See Attached		

OWNER INFORMATION				FEES	
COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	Please provide the Department of Licensing (DOL) Grant "NUMBER" for each owner: NAME OF FIRST REGISTERED OWNER Annette Hamilton NAME OF SECOND REGISTERED OWNER Steven P. Hamilton ADDRESS OF FIRST REGISTERED OWNER MP .02L Eyman Cemetery CITY Carson STATE WA ZIP CODE 98610 NAME OF FIRST LEGAL OWNER First Independent Bank ADDRESS OF FIRST LEGAL OWNER P.O. Box 340 CITY Stevenson STATE WA ZIP CODE 98648 SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION: ☒ See Attached
				FILING FEE APPLICATION REMOVAL FEE ELIMINATION UNL TAX REG-AGENT FEE TOTAL FEES & TAX \$	

Anyone who knowingly makes a false statement of a material fact in pursuit of a felony, and such violation may be punished by a fine of up to \$5,000 and/or 10 years imprisonment under RCW 4B.12.210. I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Registered Owner Signature: *[Signature]* (First)
[Signature]
[Signature]
 NOTARY PUBLIC: *[Signature]*
 Subscribed and Sworn to before me this 9 Day of 93 at Skamania County, WA.

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
WATERLOO	
DEALER'S AUTHORIZED SIGNATURE	
☒	
USE TAX EXEMPT (See to Indian on file for reservation (currently restricted statement of all entry))	

6. COUNTY AUDIT/INVESTIGATING OFFICE APPROVAL: (Not for use by Sub-Agents)
 Above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME: *Dan H. Lee* SIGNATURE: *[Signature]* APPROVING OPERATOR/OWNER: *[Signature]* DATE: 10-4-93

RECORDING OFFICE			
This form has been recorded in the county records.			
RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
117565	Skamania	138/519	10/4/93