117565

BOOK 138 PAGE 519

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
Oct 4 4 15 PM '93
RECORDED AT REQUEST OF AUDITOR
GARY M. OLSON

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

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	DFLCW2AG171309279		

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	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
	X See Attached		

5 OWNER INFORMATION

COUNTY # | INC [ ] | UNINC [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 — HAMILAA*403NO

NAME OF SECOND REGISTERED OWNER: Steven P. Hamilton — HAMILSP913KQ

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

CITY: Carson STATE: WA ZIPCODE: 98610

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.

NAME OF FIRST LEGAL OWNER*: First Independent Bank

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

CITY: Stevenson STATE: WA ZIPCODE: 98648

More than two registered or one legal owner? . . . Please use attachment forms (TD-420-712)

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

*FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$
PURCHASE PRICE	$
TAX JURISDICTION/TAX RATE	
DATE OF SALE	

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 I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Registered Owner Signature(s) (Title)

X [signature]

X [signature]

X

NOTARY CALLICHE X [signature] Subscribed and Sworn to Before Me This 9 Day of 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

[ ] 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)

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	APPROVER'S OPERATOR NUMBER	DATE
Darlene M. Leek	X [signature]		10-4-93

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER		COUNTY	VOLUME/PAGE	DATE
117565	[signature]	Skamania	138/519	10/4/93