



MANUFACTURED HOME APPLICATION

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)

FILED FOR RECORD
RECORDED'S CLOCK
BY *Charter Title*

FEB 23 2 39 PM '94

P. Lawry
AUDITOR

RECORDED AT
REQUEST OF

GARY M. OLSON

1	YEAR 1986	MAKE FLEET	WIDTH/LENGTH 40/28	VEHICLE IDENTIFICATION NUMBER (VIN) RFLAM2AG104805865	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
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2 **118788**

• 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

LAND **BOOK 141 PAGE 589**

PROPERTY TAX PARCEL NUMBER
01-05-09-0-0-0615-00

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 X	DATE
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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 <i>Don H. Hysard</i>	SIGNATURE/TITLE <i>Don H. Hysard Building Insp</i>	BLDG PERMIT # 1478
BLDG PERMIT OFFICE/PHONE NUMBER <i>Skamania Co. 427-9484</i>		DATE 1-19-94

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 VICTORIA L. PFEIFFER	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.	FILING FEE	
NAME OF SECOND REGISTERED OWNER		APPLICATION	
ADDRESS (OF FIRST REGISTERED OWNER) MP 0.14 COLLINS RD.		MOBILE HOME FEES	
CITY WASHOUGAL,	STATE WA	ZIP CODE 98671	ELIMINATION
NAME OF FIRST LEGAL OWNER SOUTHERN PACIFIC THRIFT & LOAN ASSOCIATION	More than two registered or one legal owner? . . . Please use attachment forms (TD-420-732)	USE TAX	
MAILING ADDRESS OF FIRST LEGAL OWNER 1 CENTERPOINTE DR., SUITE 111		SUB-AGENT FEES	
CITY LAKE OSWEGO,		STATE OREGON	ZIP CODE 97035
ELIMINATION OF TITLE: <input checked="" type="checkbox"/> <i>See Attachment</i>			\$

6 **DEALER'S REPORT 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 4B.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE NOT REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

REGISTERED OWNER SIGNATURE: *X [Signature]*

STATE OF WASHINGTON
COMMISSION EXPIRES
JUNE 1, 1994

DEALER'S AUTHORIZED SIGNATURE: *X [Signature]*

NOTARY OR LICENSE AGENT & NUMBER
X 8605474

Subscribed and Sworn to Before Me This
18 Day of **January**, 1994

Residing in **Vancouver** County

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

PURCHASE PRICE \$	Registered
TAX JURISDICTION/TAX RATE	indexed, Dir
DATE OF SALE	Indirect
	Filmed
	Mailed

7 **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 Angela Moser	SIGNATURE <i>X Angela Moser</i>	OFFICE/OPS OPERATOR NUMBER 30-01-08	DATE 2-23-94
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RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER
118787

COUNTY
Skamania

VOL. IMAGE
141

DATE
2/23/94

LEGAL

THE EAST HALF OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 9, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Unofficial
Copy