

MANUFACTURED HOME APPLICATION

RECORDED & CLOCK
SKAMANIA CO. WASH
BY 1st Independent

FEB 24 2 39 PM '94

RECORDED AT
REQUEST OF:
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 #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
86	WNHVN	27/56	WH5143		

2 LAND Lot 9 Silver Star Acres Book 7 Page 153.

- 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: 1-5-6-4-108

3 **118796** **TITLE COMPANY CERTIFICATION** BOOK 141 PAGE 604

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 #	DATE
1424	2/16/94

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Ken Baird	X Ken Baird	509-422-9484	2/16/94

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:	FILING FEE

NAME OF FIRST REGISTERED OWNER	NAME OF SECOND REGISTERED OWNER	ADDRESS OF FIRST REGISTERED OWNER	NAME OF FIRST LEGAL OWNER*	MAILING ADDRESS OF FIRST LEGAL OWNER	ELIMINATION	USE TAX	SUB-AGENT FEES
Mc Kechnie, Charlene H.		MP 0.26L Ward Road	First Independent Bank	P. O. Box 8904			
		Washougal, WA		Vancouver, WA			
		CITY STATE ZIPCODE		CITY STATE ZIPCODE			
		98672		98668-8904			

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X *Dina Trush mgr 2-24-94*

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 forms (TD-420-732)

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

Registered Owner Signature(s): X *See Attached* (Title)

DEALER'S REPORT OF SALE

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

DEALER'S NAME: _____

DATE OF SALE: _____

WV DLR NO.: _____

DEALER'S AUTHORIZED SIGNATURE: _____

PURCHASE PRICE

\$ _____

TAX JURISDICTION/TAX RATE

Registered _____

Indirect _____

Other _____

NOTARY OR LICENSE AGENT'S NUMBER: X _____ Subscribed and Sworn to Before Me This _____ Day of _____ 19 _____ Reciding in _____ 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	OFFICE/PHONE NUMBER	DATE
Douglas Mosen	X Douglas Mosen	30-01-08	2-22-94

7 **RECORDING OFFICE**

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
118796	Skamania	141/604	2/24/94