



MANUFACTURED HOME APPLICATION

RECORDED & INDEXED
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)

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
86	WHVN	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
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 SIGNATURE/TITLE BLDG PERMIT OFFICE/PHONE NUMBER DATE
Ken Baird X Ken Baird and Belding 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:
NAME OF FIRST REGISTERED OWNER Mc Kechnie, Charlene H.
NAME OF SECOND REGISTERED OWNER
ADDRESS OF FIRST REGISTERED OWNER
CITY MP 0.26L Ward Road STATE ZIPCODE
Washougal, WA 98671
NAME OF FIRST LEGAL OWNER*
MAILING ADDRESS OF FIRST LEGAL OWNER
P. O. Box 8904
CITY STATE ZIPCODE
Vancouver, WA 98668-8904
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X X Min Truck mgt 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)
FILING FEE
APPLICATION
MOBILE HOME FEES
ELIMINATION
USE 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 (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. The vehicle is clear of encumbrances except as shown.
DEALER'S NAME
WV DLR NO. DEALER'S AUTHORIZED SIGNATURE
PURCHASE PRICE
\$
TAX JURISDICTION/TAX RATE Registered
DATE OF SALE Indexed, Un-
Indirect
Noted
Noted
NOTARY OR LICENSE AGENT'S NUMBER X Subscribed and Sworn to Before Me This Day of 18 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 OFFICER/OPERATOR NUMBER DATE
Angela Moser X Angela Moser 30-01-08 2-22-94

7. RECORDING OFFICE
This form has been recorded in the county records.
RECORDING NUMBER 118796 COUNTY Skamania VOLUME/PAGE 141/604 DATE 2/24/94