119134

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FILED FOR RECORD
SKAMANIA CO. WASH
BY Ska Co Auditor
APR 11 9 21 AM '94
G. Lowry
AUDITOR
GARY M. OLSON

STATE OF WASHINGTON
Department of Licensing

MANUFACTURED HOME APPLICATION

TITLE OPTIONS
- [ ] Original
- [ ] Transfer
- [ ] Duplicate
- [ ] Release
- [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
1993	Winterhaven	27/56	WH 12039		

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: 3-75-1-1003

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
		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.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE	BLDG PERMIT #
Kevin A. Nygaard	X Kevin A. Nygaard	Sk. Co. 427-9?8?	1-24-94	

5 OWNER INFORMATION

COUNTY # | INC | UNINC | NUMBER OF REGISTERED OWNERS: 2 | NUMBER OF LEGAL OWNERS: 1

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

REGISTERED
- NAME OF FIRST REGISTERED OWNER: X Marlon Morat
- NAME OF SECOND REGISTERED OWNER: X Carol Morat
- ADDRESS OF FIRST REGISTERED OWNER: PO BOX 208
- CITY: Carson STATE: WA ZIPCODE: 98610

LEGAL
- NAME OF FIRST LEGAL OWNER: Riverview Savings Bank FSB — 0620091573
- MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. Box 1068
- CITY: Camas STATE: Wa ZIPCODE: 98607
- SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X Shirley A. [illegible] A.V.P. DATE: 1-24-93

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)

FEES: FILING FEE / APPLICATION / MOBILE HOME FEE / 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 46H.2.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THE INFORMATION IS ACCURATE:

Registered Owner Signature (Title)
X Marlon Morat
X Carol K. Morat
X

NOTARY OR LICENSING AGENT & NUMBER: X [illegible signature] My comm. exp 11/1/97
Subscribed and Sworn to Before Me This 21st Day of January 19 94
Residing at Stevenson, 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)

Registered / Indexed, Dir / Indirect / Filmed / Mailed

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/VPS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	4-11-94

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
119134 G. Lowry	Skamania	142/430	4/11/94

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