FILED FOR RECORD
SKAMANIA CO. WASH
BY Allen Thagan
RECORDER'S CLOCK
APR 18 11 00 AM '94
P. Lowry
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)

119202

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1 MANUFACTURED HOME

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1969	Fleetwood	12/60	4K8A58547		

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: 02-06-34-0-0-0110-00

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
		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 #: 2929

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Kenneth Baird	X Asst. Bldg Inspector	509-427-9448	4/15/94

5 OWNER INFORMATION

COUNTY # | INC [ ] | UNINC [X] | NUMBER OF REGISTERED OWNERS: 1 | NUMBER OF LEGAL OWNERS: 1

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner: THAGAAW450N4

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)

NAME OF FIRST REGISTERED OWNER: Same as legal owner Below

NAME OF SECOND REGISTERED OWNER:

ADDRESS OF FIRST REGISTERED OWNER:

CITY / STATE / ZIPCODE:

NAME OF FIRST LEGAL OWNER*: Thagan Allen W.

MAILING ADDRESS OF FIRST LEGAL OWNER: MP 01 L Spring Lane South

CITY: Stevenson STATE: Wash ZIPCODE: 98648

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X Allen W. Thagan DATE: 4/13/94

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 Allen W. Thagan

X

X

NOTARY OR LICENSE AGENT & NUMBER: X P. Lowry 300106

Subscribed and Sworn to Before Me This 18th Day of April 1994

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

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

Registered / Indexed, Dir / Indirect / Filmed / Mailed

[ ] 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/VPS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	4-18-94

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER		COUNTY	VOLUME/PAGE	DATE
119202	P. Lowry	Skamania	142/581	4/18/94

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