119544

BOOK 143 PAGE 414

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

MAY 27 1 28 PM '94

AUDITOR
GARY M. OLSON

STATE OF WASHINGTON
Department of Licensing

MANUFACTURED HOME APPLICATION

TITLE OPTIONS
- Original
- Transfer
- Duplicate
- Reissue

- [XX] TITLE ELIMINATION (Complete all but section 4, below)
- [ ] TRANSFER BY 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	COLOR OF TOP OR ROOF	COLOR OF BOTTOM OR MAIN COLOR
89	FLTWD	28/66	OREFL48A09058BF		

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 [XX] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 3-10-9-200

3 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY NAME	SIGNATURE	DATE
	SKAMANIA COUNTY TITLE	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.

BUILDING PERMIT #: 1701

NAME	SIGNATURE	BLDG PERMIT OFFICE PHONE NUMBER	DATE
Dean A. Nygaard	X Dean A. Nygaard Bldg Insp	Ska. Co. 427-9464	5-27-94

5 OWNER INFORMATION

COUNTY # | INC | LIMIT | NUMBER OF REGISTERED OWNERS: 1 | NUMBER OF LEGAL OWNERS: 1

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

NAME OF FIRST REGISTERED OWNER: GARY L. WEST

NAME OF SECOND REGISTERED OWNER:

ADDRESS OF FIRST REGISTERED OWNER: MP 1.27L LACOCK-KELCHNER ROAD

CITY: UNDERWOOD, WA 98651 | STATE | ZIPCODE

This "NUMBER" can be found on your Washington Drivers License/I.D. Card --OR-- if the owner is a business, provide the Unified business Identifier(UBI) number.

NAME OF FIRST LEGAL OWNER: FIRST INTERSTATE BANK OF OREGON

MAILING ADDRESS OF FIRST LEGAL OWNER: 304 OAK STREET/P O BOX 330

CITY: HOOD RIVER | STATE: OR | ZIPCODE: 97031

More than two registered or legal owner? Please use attachment form (TD-420-735)

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: [signature] DATE: 5/25/94

FEES: FILING FEE | APPLICATION | MOBILE HOME FEE | ELIMINATION | USE TAX | SUB-AGENT FEE | TOTAL FEES & TAX $ | LICENSE PLATE

A person 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 9A.72.210). I/WE SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THAT THE INFORMATION IS ACCURATE.

Registered Owner(s)

X [signature] GARY L. WEST

X

X

NOTARY OR LICENSING AGENT: Subscribed and Sworn to Before Me This ... Day of May '94 Residing in Skamania County

Michelle ...

DEALER'S REPORT OF SALE

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

DEALER NAME | DEALER # | DEALER'S AUTHORIZED SIGNATURE X

[ ] USE TAX EXEMPT (Not to include out-of-state, attach required statement of delivery)

TAX # / REGISTRATION # / DATE OF SALE

Registered / Indexed, Dir / Indirect / Filmed / Mailed

6 COUNTY AUDITOR/SUB-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	COUNTY AUDITOR/SUB-AGENT NUMBER	DATE
Angela ...	X [signature]	30-01-03	5-27-94

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	BOOK/PAGE	DATE
119544	Skamania	143/414	5/27/94

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