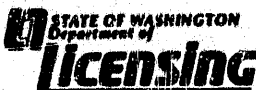


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MANUFACTURED HOME APPLICATION

RECORDED AT REQUEST OF:

TITLE OPTION:

- ☐ Original
☐ Transfer
☐ Duplicate
☐ Release

- ☒ TITLE ELIMINATION (Complete all but section 3, below)
☐ TRANSFER IN LOCATION (Complete ALL section below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

RECORDED AT REQUEST OF:

MANUFACTURED HOME					
YEAR 67	MAKE BELRE	WIDTH/DEPTH 44/20	VEHICLE IDENTIFICATION NUMBER (VIN) S2522	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:

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: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER: 03-08-17-4-0-1300-00

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 X	DATE
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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 Dean A. Nygaard	PHONE/TITLE X Dean A. Nygaard Bldg Insp Skama	BUILDING PERMIT OFFICE/PHONE NUMBER 427-9484	DATE 5-13-94
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5 OWNER INFORMATION

COUNTY # 30	INC <input type="checkbox"/>	URMC <input checked="" type="checkbox"/>	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	FILED FOR RECORD BY SKAMANIA CO. TITLE
NAME OF FIRST REGISTERED OWNER PEARSON, MARY KATHLEEN			PEARSON, MARY KATHLEEN			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 in one legal owner? . . . Please use attachment forms (TD-420-732)
NAME OF SECOND REGISTERED OWNER						
ADDRESS OF FIRST REGISTERED OWNER MP 22 DILLINGHAM LOOP ROAD						
CITY CARSON, WA			STATE WA			
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK						TOTAL FEES & TAX \$
MAILING ADDRESS OF FIRST LEGAL OWNER P O BOX 1068						
CITY CANAS, WA			STATE WA			
ZIP CODE 98607			ZIP CODE 98607			
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE			DATE 5-10-94			PURCHASE PRICE \$ TAX JURISDICTION/TAX RATE DATE OF SALE Registered <input checked="" type="checkbox"/> Indexed, Dir <input checked="" type="checkbox"/> Indirect <input checked="" type="checkbox"/> Filled <input checked="" type="checkbox"/> Mailed <input checked="" type="checkbox"/>
Anyone who knowingly makes a statement of a material fact is guilty of a felony and upon conviction is punishable by a fine of up to \$5,000 or 5/10 years imprisonment or both (RCW 9A.02.010). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THE INFORMATION IS ACCURATE.						
DEALER'S REPORT OF SALE						
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.						

6 COUNTY AUDITOR/AGENCY 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.

SIGNATURE Peggy Lowry	DATE 9/16/94
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7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER 120556	COUNTY Skamania	VOLUME/PAGE 145/886	DATE 9/16/94
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EXHIBIT "A"

BEGINNING at the Southwest corner of the Southeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian; thence East 30 feet; thence North 1,536.55 feet; thence East 208.5 feet to the initial point of the tract hereby described; thence East 120.5 feet; thence North 104.25 feet; thence West 120.5 feet; thence South 104.25 feet to the initial point.