



MANUFACTURED HOMES APPLICATION

FILED FOR RECORD

RECORDING DISTRICT
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

FILED AT THE REQUEST OF:

NAME

FIRST AMERICAN TITLE
93-3855CC
ADDRESS
1014 Main Street
Vancouver, Wa. 98660

Please check one

120600

- ☒ 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)

SEP 21 2 47 PM '94

AUDITOR

GARY M. OLSON

BOOK 145 PAGE 966

| | | | |
|-----------------------------|--------------|-------------------------------------|--------|
| 1 MANUFACTURED HOME | | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| TPO/PLATE NUMBER X012454 | YEAR 1990 | MAKE GOLDW | WH9372 |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|
| 2 LAND | | PROPERTY TAX PARCEL NUMBER |
| Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | 02-05-29-3-0-1300-00 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------|----------------|
| 3 TITLE COMPANY CERTIFICATION | | | |
| I certify that the legal description of the land and ownership is true and correct per the real property records. | | | |
| NAME Shelly Dorn | TITLE COMPANY/PHONE NUMBER First American Title 774-4445 | SIGNATURE X Shelly Dorn | DATE 7-1-94 |
| Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. | | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|
| 4 BUILDING PERMIT OFFICE CERTIFICATION | | BLDG PERMIT # |
| I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion. | | 2022 |
| NAME Dean A. Nygaard | SIGNATURE/TITLE X Dean A. Nygaard Bldg Insp SKA Co | DATE 9-21-94 |
| | | FEES |

| | | | |
|---------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 5 OWNER INFORMATION | | Provide the Washington Driver's License or I.D. card number (PIC) for each owner: | FILING FEE |
| COUNTY # ING UNING <input type="checkbox"/> <input checked="" type="checkbox"/> | # REGISTERED OWNERS 2 | # LEGAL OWNERS 1 | APPLICATION |
| NAME OF FIRST OWNER LOHR, FREDERICK KENT | | | MOBILE HOME FEES |
| NAME OF SECOND OWNER LOHR, TONNI M. | | | ELIMINATION Registered <input checked="" type="checkbox"/> |
| ADDRESS OF OWNER MP .12L Jennifer Way | | | USE TAX Indexed, Direct <input checked="" type="checkbox"/> Indirect <input checked="" type="checkbox"/> |
| CITY Washougal | STATE WA | ZIP CODE 98671 | SUB-AGENT FEE Voided <input checked="" type="checkbox"/> |

| | | | |
|---------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|------------------------|
| NAME OF FIRST LEGAL OWNER MEDALLION MORTGAGE CORP. | | More than two owners or one holder? Please use attachment (form) #TD-420-732. | TOTAL FEES & TAX \$ |
| MAILING ADDRESS OF FIRST LEGAL OWNER 3835 NE Hancock Street, Suite 101 | | | |
| CITY Portland, | STATE OR. | ZIP CODE 97212 | |

Signature of legal owner indicates consent for elimination of title/encumbrances except as shown.

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|
| Any 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 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: Owner Signature(s) & Title(s): | | WASLER NO | DATE OF SALE | PURCHASE PRICE |
| FREDERICK KENT LOHR | | DEALER NAME | | TAX JURISDICTION/TAX RATE |
| TONNI M. LOHR | | DEALER'S AUTHORIZED SIGNATURE | | |
| | | <input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery) | | |

| | | |
|--------------------------------------------------|------------------------------------------------------------|-------------------------------|
| NOTARY FOR LICENSE AGENT & NUMBER Shelly Dorn | SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF July 1994 | Residing in (County) Clark |
|--------------------------------------------------|------------------------------------------------------------|-------------------------------|

| | | | |
|-------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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 Angela Moser | SIGNATURE X Angela Moser | OFFICE/VFS OPERATOR NUMBER 80-01-08 | DATE 9-21-94 |