



# 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

SEP 21 2 47 PM '94

*Shelley*  
AUDITOR

BOOK 145 PAGE 966

GARY M. OLSON

- 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)

<b>1 MANUFACTURED HOME</b>		VEHICLE IDENTIFICATION NUMBER (VIN)	
TIPOPLATE NUMBER X012454	YEAR 1990	MAKE GOLDW	WH9372
WIDTH/LENGTH 52 X 27			

**2 LAND**

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  AFFIXED  REMOVED

PROPERTY TAX PARCEL NUMBER  
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 <i>Shelley Dorn</i>	TITLE COMPANY/PHONE NUMBER First American Title 797-4445	SIGNATURE <i>Shelley Dorn</i>	DATE 7-1-94
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Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

**4 BUILDING PERMIT OFFICE CERTIFICATION**

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.

NAME <i>Dean A. Nygaard</i>	SIGNATURE/TITLE <i>Dean A. Nygaard</i> Bldg Insp	BLDG PERMIT OFFICE/PHONE # SKA Co	BLDG PERMIT # 2022
			DATE 9-21-94

**5 OWNER INFORMATION**

Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

COUNTY # <input type="checkbox"/> B.C. <input checked="" type="checkbox"/> UNIC	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	FILING FEE
			APPLICATION

NAME OF FIRST OWNER LOHR, FREDERICK KENT	--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	ELIMINATION Registered <input checked="" type="checkbox"/>
NAME OF SECOND OWNER LOHR, TONNI M.		USE TAX Indexed, Direct <input checked="" type="checkbox"/> Indirect <input checked="" type="checkbox"/>
ADDRESS OF OWNER MP .12L Jennifer Way City: Washougal STATE: WA ZIP CODE: 98671		SUB-AGENT FEE None <input checked="" type="checkbox"/> Other <input type="checkbox"/>

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

**DEALER'S REPORT OF SALE**

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

WADLR NO.	DATE OF SALE	PURCHASE PRICE \$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE <i>X</i>		

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: Owner Signature(s) & Title(s):

*Frederick Kent Lohr* FREDERICK KENT LOHR  
*Tonni M. Lohr* TONNI M. LOHR

USE TAX EXEMPT Sale to a Certified Tribal member on this reservation (attach notarized statement of delivery)

NOTARY FOR LICENSE AGENT & NUMBER  
*Shelley Dorn*

SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF *July* 19*94* Residing in (County) *Clark*

NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
12/31/99

**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 <i>Angela Moser</i>	SIGNATURE <i>Angela Moser</i>	OFFICE/VFS OPERATOR NUMBER 80-01-08	DATE 9-21-94
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