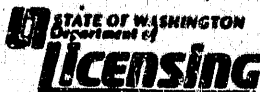


120661

BOOK 146 PAGE 84



MANUFACTURED HOME APPLICATION

 FILED FOR RECORD
 SKAMANIA COUNTY RECORDS
 BY SKAMANIA CO. TITLE

SEP 28 1 11 PM '94

 P. Garry
 AUDITOR
 CARRUTHERS OLSON

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Release

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

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
1978	HILLC	60/24	02830382L		

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: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 4-7-14-0-0-400	

TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership are true and correct.			
NAME	TITLE COMPANY/HOUSE 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.			

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	SIGNATURE/TITLE	BUILDING PERMIT OFFICE/PHONE NUMBER	DATE
Ken Baird	X Ken Baird	509-427-9484	9/27/94

OWNER INFORMATION			FEES
COUNTY #	REG	USING	NUMBER OF REGISTERED OWNERS
			2
NUMBER OF LEGAL OWNERS			
Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:			
NAME OF FIRST REGISTERED OWNER			
BRIAN K. SMITH			398,984.9, 100.4
NAME OF SECOND REGISTERED OWNER			
NANCY D. SMITH			38,687.03, 00.4
ADDRESS OF FIRST REGISTERED OWNER			
MP, 35 LEETE RD			
STATE ZIP CODE			
WA 98610			
NAME OF FIRST LEGAL OWNER			
RIVERVIEW SAVINGS BANK			
MAILING ADDRESS OF FIRST LEGAL OWNER			
P.O. BOX 1068			
CITY			
CAMAS			
STATE ZIP CODE			
WA 98607			
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR			
ELIMINATION OF TITLE: X			
More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)			
APPLICATION			
MOBILE HOME FEES			
ELIMINATION			
USE TAX			
SUB-AGENT FEES			
TOTAL FEES & TAX			
			\$

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. I, the undersigned, DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT WE ARE THE REGISTERED OWNERS OF THIS MANUFACTURED HOME AND THE INFORMATION IS ACCURATE.

Registered Owner Signature: _____ (Title)

DEALER'S REPORT OF SALE

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

DEALER NAME	DATE OF SALE
WA DLN NO.	DEALER'S AUTHORIZED SIGNATURE
	X
Residing in	COUNTY
CLARK	
USE TAX EXEMPT	DATE
	9/28/94

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/VEH OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	3001-08	9/28/94

RECORDING			
RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
120661	Skamania	146/84	9/28/94

EXHIBIT "A"

Beginning at a point 990 feet North and 20 feet East from the West Quarter Corner of Section 14, Township 4 North, Range 7 East of the Willamette Meridian, Skamania County, Washington; thence North 210 feet; thence East 970 feet; thence South 210 feet; thence West 970 feet to the Point of Beginning.

Unofficial
Copy