120670

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STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

RECORDED RECORD
SKAMANIA CO. WASH
BY Percy Johnson
SEP 29 11 35 AM '94
P. Lowry
AUDITOR
GARY M. OLSON

FILED AT THE REQUEST OF:
NAME
ADDRESS

Please check one

- ☐ 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)

1 MANUFACTURED HOME

TP/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
579817	1993	REDMAN EAT ON PARK	28x 50	#11818708

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 [X] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 03-08-20-1-4-0205-00

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	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

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.

BLDG PERMIT # 2763

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
DEAN NYGAARD	X [signature] / Bldg Insp	Skam. Co. 427-9484	9-29-94

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
	☐	[X]	2	0

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

NAME OF FIRST OWNER: JOHNSON, PERCY W.

NAME OF SECOND OWNER: JOHNSON, VERA I,

ADDRESS OF OWNER: P.O. BOX 562

CITY: CARSON | STATE: WA. | ZIP CODE: 98648

--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.

NAME OF FIRST LEGAL OWNER*

MAILING ADDRESS OF FIRST LEGAL OWNER

CITY | STATE | ZIP CODE

More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X

FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$

DEALER'S REPORT OF SALE

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

WA DLR NO	DATE OF SALE	PURCHASE PRICE
		$ Registered

DEALER NAME | TAX JURISDICTION: STATE / Indirect

DEALER'S AUTHORIZED SIGNATURE
X
Filmed
Mailed

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

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 WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s):

X [signature] PERCY W. JOHNSON

X [signature] VERA I. JOHNSON

X

NOTARY PUBLIC (OWNER)

X [signature]

SUBSCRIBED TO AND SWORN BEFORE ME THIS 29th DAY OF September 1994

Residing in (County)

6 LICENSING AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

I certify that this application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
Amelia Moser	X [signature]	30-01-08	9-29-94

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