352 # 1888

121025
MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:
Year 1980 Make Hillyest Width 08 Length 70
Vehicle Identification Number <u>6883-0308-N</u>
Registered Owners:
Namés Edulad m Kee signatures of atherine A. Krall
Namesfirst Independent Banksignatures Volume Rust
SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTEREST IN THE MANUFACTURED HOME AS REAL CROPERTY WITH THE LAND JESHETHEY OWN AND TO WHICH IT IS/AS BEING AFFIXED.
Land to Which Manufactured Home is Being Affixed:
Property Tax Parcel Number <u>03-08-00 -4-0-0500-00</u>
Legal Description Su Attached
Owners' Names Zhever m Come Signatures alhern A V 10 ll
SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY LISED ABOVE.
Building Permit Office Certification:
I certify that the manufactured frome has been affixed to the real property as described above and/or building permit number has been issued for the purpose of affixing the manufactured home to the land and will be inspected.
l certify that the manufactured frome has been affixed to the real property as described above and/or building permit number has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.
upon completion. - Deon A- Nygoord Skarmania Co. 10 -13 - 93, 429-9484
upon completion. **Dean A Myggggd Skamenia Co. 10 -13 - 93, 422-9484
upon completion. - Dean A- Nygoord Skarmenia C. 10 -13 - 93, 429-9484
upon completion. - Dear Angle Service Statute BLDQ PERMIT OFFICE DATE PHONE NUMBER County Auditor//Ag 1 Licensing Office Approval: (Not for use by subagents) I certify that the we application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form.
upon completion. - Dear Artigorod Skamenia C. 10 - 3 - 93 429 - 94-84. NAME SIGNATURE BLDG PERMIT OFFICE DATE PHONE NUMBER County Auditor//4g 1 Licensing Office Approval: (Not for use by subagents) I certify that the Live application appears to have been completed correctly, and that the applicant has sufficient
upon completion. Black Senature Skarpenia County Auditor//Ag Licensing Office Approval: (Not for use by subagents) County Auditor//Ag Licensing Office Approval: (Not for use by subagents) Certify that the ve application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form. Peggy Lawry 30 01 06 11/10/94 NAME SKNATURE SKNATURE OFFICE CAMP OPERATOR NUMBER DATE OATE OAT
Learning Office: has been issued for the purpose of affixing the manufactured nome to the land and will be inspected upon completion. Skamenic C. 10 - 13 - 93, 429 - 948 4. NAME SKINATURE BUDG PERMIT OFFICE OATE PHONE NUMBER County Auditor//4g. 1 Licensing Office Approval: (Not for use by subagents) I certify that the two application appears to have been completed correctly, and that the applicant has sufficient decumentation to proceed with the recording of this form. Peggy Lawry Skinature Gefficecaap operation number Date Pecording Office:
Learning County Auditor/Ag. 1 Licensing Office Approval: (Not for use by subagents) County Auditor/Ag. 1 Licensing Office Approval: (Not for use by subagents) I certify that the Live application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form. Peggy Lawry 300106 11/10/94 NAME SIGNATURE OFFICE/CAMP OPERATOR NUMBER Recording Office: I certify that this form has been recorded in the county records.
Learning Office: has been issued for the purpose of affixing the manufactured nome to the land and will be inspected upon completion. Skamenic C. 10 - 3 - 93, 429 - 948 4. PROPERTY OFFICE DATE PROPERTY PROPERTY IN A 129 - 948 4. PROPERTY SKINATURE BUILD PERMIT OFFICE DATE PROPERTY IN A 129 - 948 4. PROPERTY Auditor//Ag. 1 Licensing Office Approval: (Not for use by subagents) I certify that the two application appears to have been completed correctly, and that the applicant has sufficient decumentation to proceed with the recording of this form. Peggy Lawry Skinature CFFICECAAP OPERATOR NUMBER DATE Pacording Office:

Note: Every person who falsifies or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentionally ornits material information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in an affidavit is cultivated or intentional ornital information required in a cultivated or intentional ornital orni

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EXHIBIT "A"

A Tract of land in the Southwest Quarter of the Southeast Quarter of Section 22, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania and State of Washington, described as follows:

Commencing at the Northeast Corner of said Southwest Quarter of the Southeast Quarter of said Section 22; thence South 00 degree 33' 5%" West along the East line of said Southwest Quarter of the Southeast Quarter, 189.00 feet to the True Point of Beginning of this description; thence continuing along said East line South 00 degrees 33' 58" West 480.96 feet; thence leaving said line due West 330.90 feet to a point on the centerline of a county road known and designated as the Kelly-Henke Road; thence North 34 degrees 54' 08" East 238.00 feet; thence North 13 degrees 33' 00" East 211.84 feet; thence North 19 degrees 11' 42" East 84.50 feet; thence leaving said line due East 122.06 feet to the Point of Beginning and terminus of this description.

EXCEPTING therefrom: a country road right-of-way being 20.00 feet in width over and across the Westerly 20.00 feet of the above-described tract.

FILED FOR RECORD
SKAMANIA CO. WASH
BY FIRST TIME PENDENT
BANK
NOV 10 9 29 NN 194

GARY M. OLSON