



MANUFACTURED HOME APPLICATION

RECORDING CLERK

FED AT THE REQUEST OF:
NAME

ADDRESS

BOOK 1217 PAGE 474

Please check one:

121271

☐ 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

SPOTPLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1993	KINGW	28X44	GDSTOR138315620

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
1-5-5-1-101

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
TRACEY TALARICO	CLARK COUNTY TITLE 573-4700	<i>Tracey Talarico</i>	8-10-94

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.

BUILDING PERMIT #
2750

NAME	SIGNATURE/TITLE	BUILDING PERMIT OFFICE/PHONE #	DATE
<i>Don A. Nygaard</i>	<i>Don A. Nygaard</i>	SKA Co 422-9141	9-16-94

5. OWNER INFORMATION

COUNTY # INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
30 ☐ ☒			

NAME OF FIRST OWNER		
SUSAN Y. KING		
NAME OF SECOND OWNER		
NOEL W. PLEKANEK		
ADDRESS OF OWNER		
MP10.80L OLD STATE HWY 140		
CITY	STATE	ZIP CODE
WASHOUGAL	WA.	98671
NAME OF FIRST/L. LEGAL OWNER*		
WASHINGTON MUTUAL SAVINGS BANK		
MAILING ADDRESS OF FIRST LEGAL OWNER		
1201 MAIN STREET		
CITY	STATE	ZIP CODE
VANCOUVER	WA	98660
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY.		

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

FEES
FEE FOR RECORD
SKAMANIA CO. WASH

COUNTY OF

DATE

AUDITOR

CART M. OLSON

SUB-AGENCY FEES

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

TOTAL FEES & TAX

DEALER'S REPORT OF SALE

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

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 4B.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):

x Noel W. Plekanek
x Susan Y. King
His, Her Attorney In Fact

DEALER NO.	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME		TAX JURISDICTION
		Indirect
DEALER'S AUTHORIZED SIGNATURE		Filled
		Mailed

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

NOTAR PUBLIC LICENSE AGENT & RESIDENT	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
<i>Tracey Talarico</i>	10/94	

6. COUNTY AUDITOR/AGENT LICENSING OF NOTAR PUBLIC (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	OFFICER'S OPERATOR NUMBER	DATE
Ann Clark	<i>Ann Clark</i>	06-21-9	12-12-94

LOT 1, BLOCK 1, PRINDLE PARK ESTATES,
ACCORDING TO THE PLAT THEREOF, RECORDED
IN BOOK "A" OF PLATS, PAGE 131, RECORDS
OF GRAMANIA COUNTY WASHINGTON.

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