121383

BOOK 147 PAGE 737

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

FILED (RECORDED) AT REQUEST OF
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
DEC 30 4 02 PM '94
P. Lowry
AUDITOR
GARY H. OLSON

TITLE OPTIONS
- [ ] Original
- [ ] Transfer
- [ ] Duplicate
- [ ] Reissue
- [X] 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

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
94	Buckingham	28x70	17083228-AHE		

2 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: [X] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 02-05-19-0-0-0302+9303

3 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Comp. Rep/Representative.

4 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.

BLDG PERMIT #: 3029

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Ken Boird	X Kenneth Boird	509-427-9484	2/15/94

5 OWNER INFORMATION

COUNTY #	SIC	UNIFIED	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

NAME OF FIRST REGISTERED OWNER: Paul E. Hagensen
DOL CLIENT "NUMBER": HAGENPE137PB

NAME OF SECOND REGISTERED OWNER: Monica S. Hagensen
DOL CLIENT "NUMBER": HAGENMS131566

ADDRESS OF FIRST REGISTERED OWNER: M.P. 295 R Skye Rd
CITY: Washougal STATE: WA ZIPCODE: 98671

This "NUMBER" may be found on your Washington Drivers License/I.D. Card --OR-- if the owner is a business, provide the Unified business identifier (UBI) number.

NAME OF FIRST LEGAL OWNER*: Washington Mutual Savings Bank
MAILING ADDRESS OF FIRST LEGAL OWNER: 1201 Third Avenue
CITY: Seattle STATE: WA ZIP CODE: 98101

More than two registered or one legal owner? . . . Please use attachment forms (TD-420-732)

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X Mary Lux DATE:

***FEES**

FILING FEE	
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 (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:

Registered Owner Signature(s) (Title):
X Paul E. Hagensen
X Monica S. Hagensen

DEALER'S REPORT OF SALE

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

DEALER NAME:
WA DLR NO.:
DEALER'S AUTHORIZED SIGNATURE: X

PURCHASE PRICE	$
TAX JURISDICTION/TAX RATE	
DATE OF SALE	Registered / Indexed Dir / Indirect

NOTARY PUBLIC in and for the State of Washington, residing at Skamania County
Subscribed and Sworn to Before Me This 13 Day of Dec 19 93
USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)

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	SIGNATURE	OFFICE/VIN OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	12/30/94

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER		COUNTY	VOLUME/PAGE	DATE
121383	P. Lowry	Skamania	147/737	12/30/94

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EXHIBIT "A"

PARCEL I

The West Half of the Northwest Quarter of the Southwest Quarter of the Northeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT the South 396 feet thereof.

PARCEL II

The South 396 feet of the West Half of the Northwest Quarter of the Southwest Quarter of the Northeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT any portion thereof lying within the South 660 feet of the West 1,320 feet of said Southwest Quarter of the Northeast Quarter of said Section 19.