

**MANUFACTURED HOME  
APPLICATION**  
121528

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)

**DEALER REPORT RECORD**  
SKAMANIA CO. WASH  
BY SKAMANIA CO. WASH  
JAN 25 9 20 AM '95  
P. Johnson  
AUDITOR  
GARY M. OLSON

FILED AT THE REQUEST OF:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
INDEXED:   
FILED:   
MAILED: \_\_\_\_\_

**MANUFACTURED HOME**

TYPE/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1995	Fleetwood	28x36	ORFLR48AB19159-00

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: 03-10-22-0-0-0196-00

**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.

**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.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	DATE	BLDG PERMIT #
David A. Upwood	X David A. Upwood / Bldg Insp	Sk Co 427-9484	1-24-94	3413

**OWNER INFORMATION**

COUNTY:  NO  URUK

# REGISTERED OWNERS: 2 # LEGAL OWNERS: 1

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

NAME OF FIRST OWNER	Andrew D. Miller	MILLEAD356NW
NAME OF SECOND OWNER	Ellen W. Miller	MILLEEW356OR
ADDRESS OF OWNER	P.O. Box 103	
CITY	Bingen	STATE: WA ZIP CODE: 98605
NAME OF FIRST LEGAL OWNER	Northwest Mortgage	
MAILING ADDRESS OF FIRST LEGAL OWNER	1312 Main Street	
CITY	Vancouver	STATE: WA ZIP CODE: 98660
SIGNATURE OF LEGAL OWNER INDICATED CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X <i>David A. Upwood</i>		

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

**FEES**

FILING FEE: \_\_\_\_\_

APPLICATION: \_\_\_\_\_

MOBILE HC. 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 CLR NO.	DATE OF SALE	PURCHASE PRICE
		\$ _____
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE		
X _____		

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 \$500 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Signature: *David A. Upwood*

Notary Public: *Debi Johnson*

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 1995.

**LICENSING OFFICE APPROVAL** (Not for Use by Sub-Agent)

I certify that the 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
Arnell Moser	<i>Arnell Moser</i>	30-01-08	1-26-95

Lot 2, Howard Sooter Short Plat, according to the Plat thereof,  
recorded in Book 3, Page 87, Skamania County Short Plat Records.

BOOK 748 PAGE 24

NOTE: Investigation should be made to determine if there are any service, installation, maintenance or construction charges for  
sewer, water, telephone, gas, electricity or garbage and refuse collection, or any covenants, conditions and restrictions under  
which an estate, lien or interest in property has been, or may be, cut off, subordinated or otherwise injured.

CONTINUED --