



MANUFACTURED HOME APPLICATION

FILED FOR RECORD
SKAMANIA CO. WASH
RECORDED & CLOS

JUN 15 2 05 PM '95

P. Olson
AUDITOR

GARY M. OLSON

RECORDED AT
REQUEST OF:

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Release

☒ 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)

YEAR	MAKE	WIDTHxDEPTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
1983	FLEETWOOD	28x46	WAFL2AD06314455		

122557

LAND

BOOK 150 PAGE 545

- 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: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX CANCEL NUMBER
62 05 11 2 4 0111 00

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 Company Representative.

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.

BUILD PERMIT #

NAME	SIGNATURE/TITLE	BUILDING OFFICE PHONE NUMBER	DATE
Ken Baird	X Ken Baird	509-427-9484	5/24/95

OWNER INFORMATION

FEES

COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	1	NUMBER OF LEGAL OWNERS	1	How many of the Department of Licensing (DOL) Client "NUM" X for each owner:	FILING FEE
NAME OF FIRST REGISTERED OWNER SANDRA L. KELLEY								APPLICATION
NAME OF SECOND REGISTERED OWNER								MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER MP 0101 DUGAN FALLS ROAD								ELIMINATION
CITY								USE TAX
STATE								SUB-AGENT FEES
ZIP CODE								TOTAL FEES & TAX
NAME OF FIRST LEGAL OWNER GREEN TREE FINANCIAL CORP								
MAILING ADDRESS OF FIRST LEGAL OWNER								
P.O. BOX 3290								
CITY								
STATE								
ZIP CODE								
FEDERAL WAY								
WA								
98063								
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR [DATE]								
ELIMINATION OF TITLE: X 4-26-94								

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.

Registered Owner(s):

X Sandra L. Kelley

X Michelle Baird

X Angela Moser

DEALER'S REPORT OF SALE

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

DEALER NAME	PURCHASE PRICE
	\$
WA DLR NO.	TAX JUNCTION/TAX RATE
	APPROPRIATE
DEALER'S AUTHORIZED SIGNATURE	DATE OF SALE
X	Indirect
	Shared
	Mail

USE TAX EXEMPT See us below on the Registration Section material statement of del. and)

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	OFFICIAL'S OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	6/15/95

RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER

122557

COUNTY	VOLUME/PAGE	DATE
Skamania	150/545	6/15/95

Unofficial
Copy

Lot 11, HIDEAWAY II, according to the Plat thereof, recorded in Book
B of Plats, Page 4, in the County of Skamania and State of Washington.