

123170

BOOK 152 PAGE 91



MANUFACTURED HOME APPLICATION

REGISTRAR'S CLOCK

RECORDED BY

RECORDED 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)

1 MANUFACTURED HOME

YEAR	MAKE	WIDTH/DEPTH	VEHICLE IDENTIFICATION NUMBER (VIN)	DOOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
1994	Fleetwood	68x27	ORFLR48B18238 - 6H		

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: AFFIXED REMOVED

REC'D PARCEL NUMBER: 04-07-26-3-1-015-00

3 TITLE COMPANY CERTIFICATION

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

NAME	TITLE COMPANY/TAXID NUMBER	INITIALS	DATE
		X	

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

NAME	SIGNATURE	ADDRESS	PHONE	DATE
Oliver A. Nygaard	[Signature]	28 N. ...	509-944-9444	12-28-94

5 OWNER INFORMATION

County # LEGAL NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS Please provide the Department of Licensing with Client "NUMBER" for each owner.

NAME OF FIRST REGISTERED OWNER	ADDRESS OF FIRST REGISTERED OWNER	CITY	STATE	ZIP CODE
Drummond, Barclay D.	MPC 228 Heelin RD	Carson	WA	98610
NAME OF SECOND REGISTERED OWNER	ADDRESS OF FIRST LEGAL OWNER	CITY	STATE	ZIP CODE
Drummond, Mariann	Suite 111, 3700 Pacific Hwy E	Tacoma	WA	98424

ELIMINATION OF TITLE: *[Signature]*

DEALER'S REPORT OF SALE: I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DATE OF SALE: *[Signature]*

USE TAX EXEMPT: (See instructions on back. Exemption letter attached statement of self cert.)

6 WASHINGTON 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	[Signature]	830-01-08	8/28/95

RECORDING OFFICE: This form has been recorded in the county records.

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RECORDING NUMBER: 123170

COUNTY: Skamania

VOLUME/TAX: 152/91

DATE: 8/29/95

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Loc 15, WIND RIVER LOTS, according to the recorded Plat thereof,
recorded in Book B of Plats, Page 18, in the County of Skamania,
State of Washington.

Unofficial
Copy