BOOK 153 PAGE 237

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

9509220052

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	SINGLE/MULTI SECTION	VEHICLE IDENTIFICATION NO. (VIN)	ISSUE BY (DOF OR FRONT)	COLOR OR (BOTTOM OR REAR COLOR)
87	BERKS	46x28	RFLBS2AG414806567		

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 OR ACCT. NO. 3-2-17-3-2320

3 TITLE COMPANY CERTIFICATION

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

NAME	TITLE COMPANY NAME	SIGNATURE	DATE
CHERYL A. FLACK	CLARK COUNTY TITLE	X Cheryl A. Flack	10/16/95

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.

ISSUED	SIGNATURE	BP PERMIT NUMBER	DATE
Ken Baird	X Ken Baird	567-127-96	3/24/95

5 OWNER INFORMATION

COUNTY #	INC.	UNINC.	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	[ ]	[ ]		

Please provide the Department of Licensing a Client "NUMBER" for each owner:

NAME OF FIRST REGISTERED OWNER: CAIN, MICHAEL L.

NAME OF SECOND REGISTERED OWNER:

ADDRESS OF FIRST REGISTERED OWNER: P.O. Box 645

CITY: CARSON STATE: WA ZIP CODE: 98610

NAME OF FIRST LEGAL OWNER*: COMMERCIAL CREDIT

MAILING ADDRESS OF FIRST LEGAL OWNER: 516 Chkalov Drive No.

CITY: Vancouver STATE: WA ZIP CODE:

*FINANCIAL OR LEGAL OWNER INDICATES CONDITION

SIGNATURE OF SELLER: X [illegible] DATE: 11/17/94

Client "NUMBER" is found on your Washington Drivers License I.D. card -OR- If the owner is a business, provide the Unified Business Identifier (UBI) number.

CAIN MICHAEL L 417 B T

Have more than two registered or one legal owner? . . . Please use attachment forms (TD-420-7332)

FEE: FILED FOR RECORD AT REQUEST OF CASCADE TITLE CO. WASH CLARK COUNTY TITLE

TRANSFER FEE: Oct 26 1 48 PM '95

EXAMINED: O'Leary

FEE: X AUDITOR GARY M. OLSON

BY: DEPUTY

TOTAL FEE: $

DEALER'S REPORT OF SALE

I certify that the information is correct. The vehicle described was delivered on the date shown.

PURCHASE PRICE: $ Filed

TAX JURISDICTION/TAX RATE:

DATE OF SALE:

DEALER'S AUTHORIZED SIGNATURE: X

0202

USE TAX EXEMPT: Sale to Indian on the Reservation (attach note and statement of delivery)

Anyone who knowingly makes a false statement of a material fact with intent to defraud is guilty of a felony, and upon conviction may be punished by a fine of up to $10,000, and/or 10 years imprisonment. RCW 46.12.101, 102 & 103. UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF WASHINGTON I/WE ARE THE REGISTERED OWNER(S) OR OWNERS OF THIS VEHICLE AND THE INFORMATION I/WE HAVE PROVIDED IS TRUE AND CORRECT:

(Signature of Registered Owner)

X [signature] (Date) 10/17/95

NOTARY PUBLIC STATE OF WASHINGTON GARY L. [illegible] COMMISSION EXPIRES [illegible]

NOTARY PUBLIC [signature]

Subscribed and Sworn to Before Me This 16th Day of Oct 19 95

X [signature] Residing in Clark County

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	EMPLOYEE CODE	DATE
LUANNE L. EATON	X [signature]	8-31-2	10/26/95

7 Angela Moser — CASHIER/Authorized Agent

This form has been recorded in the county records.

RECORDING NUMBER	DOCUMENT NUMBER	COUNTY	VOL. / PAGE	DATE
9509220052	123644	Clark		10-26-95

Stamania 153/237 10/26/95

TD-420-7100 MANUFACTURED HOME APPLICATION Page 1 of 2

Give to Donna After Rec. 123644

BOOK 153 PAGE 237

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

RECORDED'S USE

9509220052

RECORDED AT REQUEST OF:

TITLE OPTIONS
- ☐ Original
- ☐ Transfer
- ☐ Duplicate
- ☐ Reissue

☒ 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	NAME	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
87	BERKS	48x28	RFLB32AG414806567		

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

PROPERTY TAX PARCEL NUMBER: 3-2-17-3-2320

3 TITLE COMPANY CERTIFICATION

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

NAME	TITLE COMPANY/FIRM'S NUMBER	SIGNATURE	DATE
CHERYL A. FLACK	CLARK COUNTY TITLE	X Cheryl A. Flack	11/16/94

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

4 REAL PROPERTY 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 #

NAME	SIGNATURE OF BLDG INSPECTOR	BLDG PERMIT OFFICE PHONE NUMBER	DATE
Ken Baird	X Ken Baird Bldg Inspect.	509-427-9464	7/24/95

5 OWNER INFORMATION

COUNTY #	INC.	UNINC.	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	☐	☐		

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

CAIN*MIL428BT

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.

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

NAME OF FIRST REGISTERED OWNER: CAIN, MICHAEL L.

NAME OF SECOND REGISTERED OWNER:

ADDRESS OF FIRST REGISTERED OWNER: P.O. Box 64K

CITY: CARSON STATE: WA ZIPCODE: 98610

NAME OF FIRST LEGAL OWNER*: COMMERCIAL CREDIT

MAILING ADDRESS OF FIRST LEGAL OWNER: 516 Chkalov Drive No.

CITY: Vancouver STATE: WA ZIPCODE:

SIGNATURE OF [illegible] DATE: 11/7/94

FILING FEE: FILED FOR RECORD SKAMANIA CO. WASH BY CLARK COUNTY TITLE

MOBILE HOME FEES: Oct 26 1 42 PM '95

ELIMINATION: D Lowry

USE TAX: AUDITOR GARY M. OLSON

SUB-AGENT FEES:

TOTAL FEE: $ [illegible] Indexed, Dir ✓ Indirect ✓

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 [illegible] and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY SWEAR UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE [illegible] OWNER(s) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Endorsed Owner Signature(s): X Michael L. Cain

X

NOTARY PUBLIC STATE OF WASHINGTON

DEALER'S REPORT OF SALE

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

DEALER NAME:

DEALER'S AUTHORIZED SIGNATURE: X

0202

PURCHASE PRICE: $ Filmed Mailed

TAX JURISDICTION/TAX RATE:

DATE OF SALE:

NOTARY OR LICENSING AGENT'S NUMBER: X Cheryl A. Flack

Subscribed and sworn to before me this 16th day of Nov 19 94

Residing in County

☐ USE TAX EXEMPT Sale to Indian on the Reservation (attach received 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
YVONNE L. EATON	X Yvonne L. Eaton	0014	9/15/95
7 Angela Moser	Authorized Office	10-31-95	10/26/95

This form has been recorded in the county records.

RECORDING # WEB	9509220052	123644	COUNTY	VOLUME/PAGE	DATE
			Clerk		9-22-95

→ Skamania 153/237 10/26/95

TD-420-728 (CANUP HOME APPLI 7/95)(10R) Page 1 of 2

DRAFT COPY

A parcel of land located in the Southeast quarter of the Southwest quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Lot 3 of the G. DE GROOTE SHORT PLAT, as recorded in Book 3 of Short Plats, on page 101, Skamania County records.

Unofficial Copy

CLARK COUNTY TITLE
SEP 22 11 21 AM '95
AUDITOR
ELIZABETH A. LUCE

0203