



123678

MANUFACTURED HOME
APPLICATION

BOOK 153 PAGE 314

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ADDRESS

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

OCT 31 11 33 AM '95

AUDITED BY
GARY M. OLSONVEHICLE IDENTIFICATION NUMBER (VIN)
30REBD26592

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)

1 MANUFACTURED HOME

TPO/PLATE NUMBER 837145 YEAR 1987 MAKE GOLDENWEST WIDTH/LENGTH 28x60

2 LAND

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
03-08-17-3-0-0500-00

3 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.

4 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
RODNEY CARR	X Rodney D. Carr	427-9484	10-31-95

FEES

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

-OR- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.

5180493267

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

DEALER'S REPORT OF SALE

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

NAME OF FIRST OWNER
NANCY PERRY
NAME OF SECOND OWNER
ADDRESS OF OWNER
152 FULLER ROAD
CITY CARSON STATE WA ZIP CODE 98610
NAME OF FIRST LEGAL OWNER
WASHINGTON MUTUAL
MAILING ADDRESS OF FIRST LEGAL OWNER
1201 MAIN ST. M/S VOBOML
CITY VANCOUVER STATE WA ZIP CODE 98660

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY X

Anyone who knowingly makes a false statement on this form is guilty of a felony and upon conviction may be punished by a fine of \$5,000 and/or 5 years imprisonment (RCW 4B.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s)
X Nancy Perry
PUBLIC
MAY 6 1995
STATE OF WASHINGTON

WA DLH NO

DATE OF SALE

PURCHASE PRICE

DEALER NAME

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY OR LICENSING AGENT & NUMBER

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (County)

X Deb J. Barnum DEB J. BARNUM 8th DAY OF MAY 1995 CLARK

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/VFS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	10/31/95

420-729 MANUF HOME APPL (R0/94)M Page 1 of 2

A Tract of land in the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Strode Short Plat, recorded in Book 3 of Short Plats, page 140, Skamania County Records.

BOOK 153 PAGE 35

Unofficial
Copy