



123688
MANUFACTURED HOME
APPLICATION

BOOK 163 PAGE 345

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)

RECORDED'S CLOCK
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

FILED AT THE REQUEST OF:

NAME

ADDRESS

Nov 1 12:43 PM '95

P. Lowry
AUDITOR

GARY M. OLSON

1 MANUFACTURED HOME				
TPC/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	77	HILLCREST	24 x 64	#02910423K

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 03-08-21-3-0-0900-00	

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
Ken Brind	X Ken Brind Bldg. Inspector (509) 427-9454		7/24/95

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:	FEES
	<input type="checkbox"/>	<input type="checkbox"/>				

NAME OF FIRST OWNER		JARREBLG4009	APPLICATION
BESSIE L. JARRELL			MOBILE HOME FEES
NAME OF SECOND OWNER			ELIMINATION
ADDRESS OF OWNER			USE TAX
P O BOX 793			SUB-AGENT FEES
CITY	STATE	ZIP CODE	
CARSON	WA	98610	
NAME OF FIRST LEGAL OWNER*			
MEDALLION MORTGAGE COMPANY			
MAILING ADDRESS OF FIRST LEGAL OWNER			
3835 NE HANCOCK STREET, SUITE 101			
CITY	STATE	ZIP CODE	
PORTLAND,	OR	97212	
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY			

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

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.

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 OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s):

Bessie L. Jarrell

X

WA DLR NO

DATE OF SALE

PURCHASE PRICE

DEALER NAME

TAX JURISDICTION

DEALER'S AUTHORIZED SIGNATURE

Indirect

Financed

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

NOTARY OR LICENSE AGENT & NUMBER

DESCRIBED TO AND SWORN BEFORE ME THIS

Recording in (County)

DAY OF March 19 95

Skamania

COUNTY AUDITOR/AGENT (SEE INSTRUCTIONS) APPROVAL: (Not for use by Sub-Agents)

I certify that the above application has been completed correctly, and the applicant has sufficient documentation to proceed with the recording.

NAME	OFFICE/OPERATOR NUMBER	DATE
Peggy Lowry	30 01 06	10/1/95

Lot 3 of Wells Home Sites, according to the official plat thereof
on file and of record at Page 102, Book A of Plats, Records of
Skamania County, State of Washington. BOOK 153 PAGE 346

Unofficial
Copy