123809

BOOK 153 PAGE 636

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

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

Nov 16 11 43 AM '95

P Lowry AUDITOR GARY H. OLSON

FILED AT THE REQUEST OF: NAME ADDRESS

Please check one

- [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

TF/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
90130854	1996	FLEETWOOD	40X56	WAFLS31ABC13792-BA13

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).

PROPERTY TAX PARCEL NUMBER: 03-08-27-3-0-0404-00

Manufactured home will be [ ] AFFIXED [ ] REMOVED

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.

BLDG PERMIT #

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Rodney D. Carr	X Rodney D. Carr	427-9484	11-14-95

5 OWNER INFORMATION

COUNTY #	INC.	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
	[X]	[ ]	2	1

Provide the Washington Driver's License or I.D. card number (PIC) for each owner.

Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

NAME OF FIRST OWNER: STEVE A. BLOUIN

NAME OF SECOND OWNER: SANDRA R. BLOUIN

ADDRESS OF OWNER: P.O. BOX 840

CITY: CARSON STATE: WA ZIP CODE: 98610

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

NAME OF FIRST LEGAL OWNER*: THE CIT GROUP/SALES FINANCING INC — 600-630-770

MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. BOX 24610

CITY: OKLAHOMA STATE: OK ZIP CODE: 73124

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

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: [signature]

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 up to $5,000 and/or 10 years imprisonment (RCW 46.12.210). 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))

X [signature]

X [signature]

X

NOTARY OR LICENSING AGENT: X Debi J. Barnum

SUBSCRIBED TO AND SWORN BEFORE ME THIS 27 DAY OF OCTOBER, 19 95

Residing in (County): CLARK

(Notary seal: NOTARY PUBLIC, STATE OF WASHINGTON)

FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUBTOTAL FEES	
TOTAL FEES & TAX	$

DEALER'S REPORT OF SALE

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

WA DLR NO.	DATE OF SALE	PURCHASE PRICE
		$

DEALER NAME

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE: X

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

6 COUNTY AUDITOR/WASHINGTON 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/VFC OPERATOR NUMBER	DATE
Angela Moser	x Angela Moser	30-01-08	11-16-95

Lot 3, RUDHE TRACTS, according to the recorded plat thereof, recorded in Book A of Plats, Page 141, in the County of Skamania, State of Washington.

BOOK 153 PAGE 637