



123972
MANUFACTURED HOME
APPLICATION

RECORDED & CLOCK
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

FILED AT THE REQUEST OF:
NAME
ADDRESS

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)

Dec 6 11 20 AM '95

P. Lowry
AUDITOR

1. MANUFACTURED HOME			
TPO/PLATE NUMBER 7 131853	YEAR 1996	MAKE HOMEBUILDERS	WIDTH/LENGTH 56 x 28
VEHICLE IDENTIFICATION NUMBER (VIN) GARY M. OLSON		1215	

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 03-07-3620-0501-00	

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 X	DATE

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 RODNEY D. CARR	SIGNATURE/TITLE X Rodney D. Carr	BLDG PERMIT OFFICE/PHONE # 425-54184	DATE 12-5-95
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5. OWNER INFORMATION		FILING FEE	
COUNTY # <input checked="" type="checkbox"/> INC. <input type="checkbox"/> UNINC.	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

NAME OF FIRST OWNER JAMES E. MEDLER		MOBILE HOME FEES	
NAME OF SECOND OWNER NANCY MEDLER		ELIMINATION <input checked="" type="checkbox"/> and <input checked="" type="checkbox"/>	
ADDRESS OF OWNER P.O. BOX 360		USE TAX <input checked="" type="checkbox"/>	
CITY STEVENSON	STATE WA	ZIP CODE 98648	SUB-AGENT FEES

NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK		More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068		TOTAL FEES & TAX \$	
CITY CAMAS	STATE WA	ZIP CODE 98607	

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X James E. Medler		DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	
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Any one 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 49.12.210). I DO SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY LAW THAT I WEAR THE REGISTRATION TAGS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:		WA DLR NO.	DATE OF SALE	PURCHASE PRICE \$
X James E. Medler		DEALER NAME	TAX JURISDICTION/TAX RATE	
X Nancy Medler		DEALER'S AUTHORIZED SIGNATURE X		

NOTARY OF LICENSING AGENT TO SIGNIFY		SUBSCRIBED TO AND SWORN BEFORE ME THIS 7th DAY OF SEPTEMBER 1995		Residing in (County)
X Deb J. Davis		USE TAX EXEMPT Sale to a Certified Title member on the reservation (attach notarized 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 Angela Rosen	SIGNATURE X Angela Rosen	OFFICE/VPS OPERATOR NUMBER 31-01-08	DATE 12-6-95
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Part of Lot 3, IGNAZ WACHTER SUBDIVISION, according to the plat thereof, recorded in Book A, Page 30, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the JAY JOHNSON SHORT PLAT, recorded in Book 3 of Short Plats, Page 235, Skamania County records.

BOOK 154 PAGE 75

Unofficial
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