



123973

MANUFACTURED HOME
APPLICATIONFILE FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

BOOK 154 PAGE 76

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 24 AM '95

P. Lowry

GARY M. OLSON

1 MANUFACTURED HOME				
TPO/PLATE NUMBER 7088993	YEAR 1993	MAKE LIBTY	WIDTH/LENGTH 24x48	VEHICLE IDENTIFICATION NUMBER (VIN) 29L26391XU
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 02-05-27-0-0-0800				

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 RONNEY D. CARR	SIGNATURE/TITLE X Ronney D. Carr	BLOG PERMIT OFFICE/PHONE # 427-94184	DATE 12-5-95

5 OWNER INFORMATION			
COUNTY # NO. <input checked="" type="checkbox"/> UNRA. <input type="checkbox"/>	# 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 LOREG BOYEA			FILING FEE
NAME OF SECOND OWNER CAROL BOYEA			APPLICATION
ADDRESS OF OWNER 301 HILLTOP ROAD			MOBILE HOME FEES
CITY WASHOUGAL	STATE WA	ZIP CODE 98671	ELIMINATION <input checked="" type="checkbox"/> INDEXED <input checked="" type="checkbox"/> USE TAX <input checked="" type="checkbox"/> SUB-AGENT FEES <input checked="" type="checkbox"/>
NAME OF FIRST LEGAL OWNER LACAMAS COMM. FED. CREDIT UNION			TOTAL FEES & TAX
MAILING ADDRESS OF FIRST LEGAL OWNER 640 E STREET			\$
CITY WASHOUGAL	STATE WA	ZIP CODE 98671	

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		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

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 46.12.210). I DO SO UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.		
SUBSCRIBED TO AND SWORN BEFORE ME THIS 10th DAY OF OCTOBER 1995		
Residing in (County)		

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 Moser	SIGNATURE X Angela Moser	OFFICE/OPS OPERATOR NUMBER 30-01-28
		DATE 12-6-95

The North 237 feet of the South 746 feet of the West 920 feet of the West half of the Northwest Quarter of Section 27, Township 2 North, Range 5 East of the Willamette Meridian in the County of Skamania, State of Washington.

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ALSO known as Lot 2 of the Clifford F. Orth Short Plat recorded in Book 2 of Short Plats, Page 71, Skamania County Records.

Unofficial
Copy