



125665  
**MANUFACTURED HOME  
APPLICATION**

BOOK 157 PAGE 457

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 & INDEXED FOR RECORD<br>SKAMANIA CO. WASH<br>BY <i>George St. Clair</i><br>May 30 1 46 PM '96<br><i>P. J. Lacey</i><br>AUDITOR<br>CARY | FILED AT THE REQUEST OF:<br>NAME<br>ADDRESS |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|

|                                 |                     |                                            |                              |
|---------------------------------|---------------------|--------------------------------------------|------------------------------|
| 1. MANUFACTURED HOME            |                     |                                            |                              |
| TRAILER NUMBER<br><b>@38477</b> | YEAR<br><b>1974</b> | MAKE<br><b>Presq</b>                       | WIDTH/LENGTH<br><b>64/24</b> |
| LAND                            |                     | VINCH/SECTION NUMBER (VIN)<br><b>3385U</b> |                              |

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

2. 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<br><b>X</b> | DATE |
|------|----------------------------|-----------------------|------|

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

3. 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<br><b>Ken Baird</b> | SIGNATURE/TITLE<br><b>X Ken Baird Bldg Inspector (509) 427-9484</b> | BUILDING PERMIT # | DATE<br><b>4/22/96</b> |
|--------------------------|---------------------------------------------------------------------|-------------------|------------------------|

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

|                                                   |                    |                                                                                                                                       |                                                                                             |
|---------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| NAME OF FIRST OWNER<br><b>George P. St. Clair</b> |                    | -OR- If the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & License Document. | ELIMINATION <input checked="" type="checkbox"/> INDEXED <input checked="" type="checkbox"/> |
| NAME OF SECOND OWNER<br><b>BETH JO. ST. CLAIR</b> |                    |                                                                                                                                       | USE TAX <input checked="" type="checkbox"/> INDIRECT <input checked="" type="checkbox"/>    |
| ADDRESS OF OWNER<br><b>402 SCHOOL HOUSE RD.</b>   |                    |                                                                                                                                       | SUB-AGENT <input checked="" type="checkbox"/> MAILED <input checked="" type="checkbox"/>    |
| CITY<br><b>UNDERWOOD</b>                          | STATE<br><b>WA</b> |                                                                                                                                       | ZIP CODE<br><b>98651</b>                                                                    |
| NAME OF FIRST LEGAL OWNER                         |                    | TOTAL FEES & TAX                                                                                                                      |                                                                                             |
| MAILING ADDRESS OF FIRST LEGAL OWNER              |                    | More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.                                                    |                                                                                             |
| CITY                                              | STATE              | ZIP CODE                                                                                                                              | \$                                                                                          |

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

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 9A.02.010). 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 and Title) | W/ALR NO.                                 | DATE OF SALE | PURCHASE PRICE<br>\$      |
| <b>X George P. St. Clair</b>                                                                                                                                                                                                                                                                                                                                       | DEALER NAME                               |              | TAX JURISDICTION/TAX RATE |
| <b>X Beth Jo. St. Clair</b>                                                                                                                                                                                                                                                                                                                                        | DEALER'S AUTHORIZED SIGNATURE<br><b>X</b> |              |                           |

|                                                                            |  |                                                                                                              |  |
|----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| SUBSCRIBED TO AND SWORN BEFORE ME THIS<br>DAY OF <b>April</b> 19 <b>96</b> |  | Residing in (County)                                                                                         |  |
| NOTARY PUBLIC<br><b>X Angela Moser</b>                                     |  | USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery) |  |

4. GOVT. LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  
I certify that this application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

|                             |                      |                                    |                                              |                        |
|-----------------------------|----------------------|------------------------------------|----------------------------------------------|------------------------|
| NAME<br><b>Angela Moser</b> | STATE<br><b>P.02</b> | SIGNATURE<br><b>X Angela Moser</b> | OFFICE/OPS OPERATOR NUMBER<br><b>30-0-08</b> | DATE<br><b>5/30/96</b> |
|-----------------------------|----------------------|------------------------------------|----------------------------------------------|------------------------|

A tract of land located in the Southwest Quarter of the Northwest Quarter of Section 22, Township 3 North, Range 10 East of the N.M., described as follows:

Beginning at the Northeast corner of the Southwest Quarter of the Northwest Quarter of the said Section 22; thence along the North line of said subdivision West 587 feet to the initial point of the tract hereby described; thence South 180 feet; thence West parallel to the North line of said subdivision 412 feet, more or less, to the West line of the East half of the West half of the Southwest Quarter of the Northwest Quarter of said Section 22; thence North along the West line of said subdivision 120 feet to the North line of the Southwest Quarter of the Northwest Quarter of said Section 22; thence East along said North line to the initial point.

Unofficial  
Copy