

125674

BOOK 158 PAGE 253

MANUFACTURED HOME
APPLICATIONFILED 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)

JUL 8 4 20 PM '96

Pawry
AUDITOR

CARY M. OLSON

1. MANUFACTURED HOME				
TPC/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	MORLT	28x46	HC12589AB

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 03-08-21-3-0-040300	

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 Braid	X Ken Braid Bldg Inspector	(509) 427-9484	5/21/96

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

NAME OF FIRST OWNER JOHN A. DUNOVEN		FILING FEE	
NAME OF SECOND OWNER GAIL E. DUNOVEN		APPLICATION	
ADDRESS OF OWNER PO BOX 55		MOBILE HOME FEES	
CITY CARSON	STATE WA	ZIP CODE 98610	ELIMINATION
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK			USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068			SUB-AGENT FEES
CITY CAMAS	STATE WA	ZIP CODE 98607	TOTAL FEES & TAX
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: <i>John Dunoven</i>			
--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 012001573			
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 48.12.210). I DO NOT KNOW IF THIS IS A TRUE STATEMENT OF FACT. IF IT IS ACCURATE, THE OWNER'S SIGNATURE IS REQUIRED.		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)				
NOTARY OR LICENSE AGENT (N/A)		SUBSCRIBED TO AND SWORN BEFORE ME THIS 27th DAY OF FEBRUARY 1996		
Residing in (County)				

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	SIGNATURE	OFFICE/VBS OPERATOR NUMBER	DATE
Angele Moser	X Angele Moser	80-01-08	7-8-96

DESCRIPTION:

Lot 2, RUDHE TRACTS, according to the recorded plat thereof, recorded in Book A of Plats, Page 141, in the County of Skamania, State of Washington.

Unofficial
Copy