



126254
MANUFACTURED HOME
APPLICATION

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

BOOK 159. PAGE 594

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)

SEP 9 1 18 PM '96

G. Lowry
AUDITOR

GARY M. OLSON

FILED AT THE REQUEST OF:

NAME

ADDRESS

1 MANUFACTURED HOME			
TP/PLATE NUMBER	YEAR 1996	MAKE MARLETTE	WIDTH/LENGTH 28x46
			VEHICLE IDENTIFICATION NUMBER (VIN) H-012220 A/B

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 03-08-17-4-0-0204-00	

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 Ken Baird	SIGNATURE/TITLE X Ken Baird Bldg Inspector	BLDG PERMIT OFFICE/PHONE # (509) 427-9484	DATE 6/7/96

5 OWNER INFORMATION			
COUNTY # INC <input checked="" type="checkbox"/> <input type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	FEES
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			FILING FEE
NAME OF FIRST OWNER RAYMOND OTTIS			APPLICATION
NAME OF SECOND OWNER RUTH OTTIS			MOBILE HOME FEES
ADDRESS OF OWNER P.O. BOX 750			ELIMINATION
CITY CARSON	STATE WA	ZIP CODE 98610	USE TAX
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK			SUB-AGENT FEES
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 Ruth Ottis AWP			
--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 062001573			
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 SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DL# NO.	DATE OF SALE	PURCHASE PRICE \$
DEALER NAME	Indexed, Dir	TAX JURISDICTION/TAX RATE
DEALER'S AUTHORIZED SIGNATURE	Indexed	

NOTARY OR LICENSING AGENT & NUMBER
X Deb J. [Signature]
X [Signature]
X [Signature]

SUBSCRIBED TO AND SWORN BEFORE ME THIS
31st DAY OF MAY 1996

Residing in (County)

6 COUNTY 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 Angel Moser	SIGNATURE X Angel Moser	OFFICE/VFS OPERATOR NUMBER 30-01-08	DATE 9-19-96
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Lot 4, SHELLY GLEN SUBDIVISION, according to the recorded plat thereof, recorded in Book B of Plats, Page 80, in the County of Skamania, State of Washington.

Unofficial
Copy