



126707

MANUFACTURED HOME  
APPLICATION

BOOK 760 PAGE 309

FILED FOR RECORD  
SECOND CLOCK RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLEFILED AT THE REQUEST OF:  
NAME

Nov 15 9 02 AM '96

P. Lowry  
AUDITOR  
GARY M. OLSON

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)

1 MANUFACTURED HOME			
TRAILER NUMBER 7087863	YEAR 1994	MAKE FLTRD	WIDTH/LENGTH 66x27
2 LAND			VEHICLE IDENTIFICATION NUMBER (VIN) ORFLP48AB17118LP

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

PROPERTY TAX PARCEL NUMBER  
03-08-20-10208-00

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	SIGNATURE/TITLE X	BLDG PERMIT OFFICE/PHONE #	DATE

5 OWNER INFORMATION			
COUNTY # 1	INC/UNINC <input checked="" type="checkbox"/> <input type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			FEE

NAME OF FIRST OWNER JIM SHANK		SHANKJB460B	FILING FEE
NAME OF SECOND OWNER CYNTHIA SHANK		SHANKCC418LF	APPLICATION?
ADDRESS OF OWNER P.O. BOX 821			MOBILE HOME FEES
CITY CARSON	STATE WA	ZIP CODE 98610	ELIMINATION <input checked="" type="checkbox"/> Indexed, Dir
NAME OF FIRST LEGAL OWNER GREENTREE FINANCIAL CORP			USE TAX <input checked="" type="checkbox"/> Indirect
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 3290			SUB-AGENT FEE <input checked="" type="checkbox"/> Waived
CITY FEDERAL WAY	STATE WA	ZIP CODE 98003	

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X <i>[Signature]</i>		More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	TOTAL FEES & TAX \$
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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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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 SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):		WA DLR NO.	DATE OF SALE	PURCHASE PRICE
X <i>[Signature]</i>		DEALER NAME		TAX JURISDICTION/TAX RATE
X <i>[Signature]</i>		DEALER'S AUTHORIZED SIGNATURE		
X		<input type="checkbox"/> USE TAX EXEMPT	Member on the reservation (if not a Certified Pre-Owned Vehicle)	

NOTARY OR LICENSE AGENT & NUMBER X <i>[Signature]</i>	SUBSCRIBED TO AND SWORN BEFORE ME THIS 25 DAY OF October 1996	Reading (County)	Public
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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 submitted documentation to proceed with the recording of this form.			

NAME Peggy Lowry	SIGNATURE X <i>[Signature]</i>	OFFICE/VFS OPERATOR NUMBER 30 01 06	DATE 11/15/96
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