



126845

MANUFACTURED HOME
APPLICATION

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| | |
|--|---|
| RECORDED & CLOCK FILED FOR RECORD SKAMANIA CO. WASH BY SKAMANIA CO. TITLE | FILED AT THE REQUEST OF: NAME ADDRESS |
| Dec 5 11 59 AM '96 P. Hawry 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 | | | |
| TPO/PLATE NUMBER 431186 | YEAR 1981 | MAKE LIBER | WIDTH/LENGTH 56x14 |
| 2 LAND | | | VEHICLE IDENTIFICATION NUMBER (VIN) 09L17888 |

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

04-75-25-40-090000

| | | | |
|---|----------------------------|----------------|------|
| 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, and 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 | BLOG PERMIT OFFICE/PHONE # (509) 427-9484 | DATE 11/26/96 |

| | | | |
|--|--------------------------|---------------------|---|
| 5 OWNER INFORMATION | | | |
| COUNTY # INC UNINC <input checked="" type="checkbox"/> <input type="checkbox"/> | # REGISTERED OWNERS 1 | # LEGAL OWNERS 1 | Provide the Washington Driver's License or I.D. card number (PIC) for each owner: |
| NAME OF FIRST OWNER DAVID R. WEISS | | | FEE |
| NAME OF SECOND OWNER | | | PLING FEE |
| ADDRESS OF OWNER PO BOX 1085 | | | APPLICATION |
| CITY STEVENSON | STATE WA | ZIP CODE 98648 | MOBILE HOME FEES |
| NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK | | | REGISTERED INDEXED, Dir DIRECT FILED SUB-AGENT |
| MAILING ADDRESS OF FIRST LEGAL OWNER PO 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 *David R. Weiss*

--OR-- If the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses Document.

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, the undersigned, attest under PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

| | | |
|------------------------------------|---------------------------|----------------------|
| 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 LICENSING AGENT SIGNATURE X <i>Debi J. Baran</i> | SUBSCRIBED TO AND SWORN BEFORE ME THIS 7th DAY OF OCTOBER 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 Angela Moser | SIGNATURE X <i>Angela Moser</i> | OFFICE/VFS OPERATOR NUMBER 30-01-08 | DATE 12/5/96 |

DESCRIPTION.

A tract of land in the Southeast Quarter of Section 25, Township 4 North, Range 7 1/2 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the AMENDED DAVID AND BERNADINE GORGAS Short Plat, recorded in Book 3 of Short Plats, Page 291, Skamania County Records, State of Washington.

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NOTE: Investigation should be made to determine if there are any service, installation, maintenance or construction charges for sewer, water, telephones, gas, electricity or garbage and refuse collections, or any covenants, conditions and restrictions under which estate, lien or interest in property has been, or may be, cut off, subordinated or otherwise impaired.

Unofficial
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