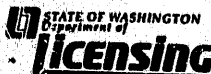


126922

BOOK 1121 PAGE 348



MANUFACTURED HOME APPLICATION

RECORDED & FILED FOR RECORD
SKAMANIA CO. WASH
BY *Chicago 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)

DEC 12 3 38 PM '96

de Mosen
AUDITOR
GARY M. OLSON

1 MANUFACTURED HOME			
COPIATE NUMBER <i>129687</i>	YEAR 95	MAKE LIBER	WIDTH/LENGTH 28/70
2 LAND			VEHICLE IDENTIFICATION NUMBER (VIN) 09L29089XU

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

02-06-32-0-0-0203-00

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 <i>X</i>	DATE
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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.

BLDG PERMIT #

NAME <i>Ken Baird</i>	SIGNATURE/TITLE <i>X Ken Baird Bldg Inspector</i>	BLDG PERMIT OFFICE/PHONE # <i>(509) 427-9484</i>	DATE <i>12/9/96</i>
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5 OWNER INFORMATION

COUNTY # 01	NC <input type="checkbox"/>	UNINC <input checked="" type="checkbox"/>	# REGISTERED OWNERS 1	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner: <i>XWIER *MF 475JM</i>	FEES
NAME OF FIRST OWNER <i>SCALLY, M. Faith</i>						FILING FEE
NAME OF SECOND OWNER						APPLICATION
ADDRESS OF OWNER 12 Deville Drive City Skamania STATE WA ZIP CODE 98648						MOBILE HOME FEES
NAME OF FIRST LEGAL OWNER MORTGAGE MARKET INC.						ELIMINATION
MAILING ADDRESS OF FIRST LEGAL OWNER 9020 S.W. Washington Square Drive #420 City Tigard STATE OR ZIP CODE 97223						TOTAL FEES & TAX \$

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

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 5 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DLR NO.

DATE OF SALE

PURCHASE PRICE

DEALER NAME

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY OR LICENSING AGENT

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Reside, in (County)

6 COUNTY AUDITOR/AGENCY 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 <i>Angela Mosen</i>	SIGNATURE <i>X Angela Mosen</i>	OFFICE/NS OPERATOR NUMBER 30-01-08	DATE 12-12-96
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A tract of land in the East half of the Northeast Quarter of the Northeast Quarter of Section 32, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the re-plat of short plat in Book 2, Page 190, recorded in Book 3, Page 141, Skamania County Plat Records.

EXCEPT that portion conveyed to Skamania County, recorded on March 27, 1989 in Book 113, Page 374, Skamania County Deed Records.