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

JAN 13 8 42 AM '97

P. Olson
AUDITOR
GARY M. OLSON**AFTER RECORDING MAIL TO:**Name KARL R. RUSSELL
Address 41 LYONS RD.
City/State STEVENSON, WA 98648**Document Title(s):** (or transactions contained therein)

1. MAN. HOME APPL. FOR TITLE ELIMIN.
- 2.
- 3.
- 4.

First American Title
Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:☐ Additional numbers on page _____ of document**Grantor(s):** (Last name first, then first name and initials)

1. KARL R. RUSSELL
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document**Grantee(s):** (Last name first, then first name and initials)

- 1.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)LOT 2 ANITA SMITH SHORT PLAT☐ Complete legal description is on page 2 of documentAssessor's Property Tax Parcel / Account Number(s): 03-07-25-20-0114-00

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

Registered

Indexed, Dir

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MANUFACTURED HOME APPLICATION

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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)

RECORDER'S CLOCK	FILE # THE REQUEST OF: NO ADDRESS
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1 MANUFACTURED HOME			
TP/PLATE NUMBER	YEAR 1996	MAKE CELEBRATION	WIDTH/LENGTH 48x26
			VEHICLE IDENTIFICATION NUMBER (VIN) 6D5TOR 469517941

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 03-07-252-0-011400	

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 Building Inspector	BLDG PERMIT OFFICE/PHONE # (509) 427-9454	DATE 10/25/96

5 OWNER INFORMATION			
COUNTY # 1	INC <input checked="" type="checkbox"/>	UNINC <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 KARL R. RUSSELL		RUSSELL R263KD	
NAME OF SECOND OWNER 41 LYONS ROAD		MOBILE HOME FEES	
ADDRESS OF OWNER STEVENSON		ELIMINATION	
CITY STEVENSON	STATE WA	ZIP CODE 98648	USE TAX
NAME OF FIRST LEGAL OWNER HEADLANDS MORTGAGE CO		SUB-AGENT FEES	
MAILING ADDRESS OF FIRST LEGAL OWNER 10801 MAIN ST. #202		TOTAL FEES & TAX	
CITY BELLEVUE	STATE WA	ZIP CODE 98004	\$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X [Signature]			
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 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. Owner Signature: X [Signature]

WA DL# NO.	DATE OF SALE	PURCHASE PRICE \$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE X		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

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 Angela Moser	OFFICE/VFS OPERATOR NUMBER 30-01-08	DATE 1-10-97

THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

NW
A tract of land in the Northeast Quarter of the Northeast Quarter of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the ANITA SMITH SHORT PLAT, recorded in Book 3 of Short Plats, Page 35, Skamania County records.

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Unofficial
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