



MANUFACTURED HOME APPLICATION

BOOK 161 PAGE 959

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ADDRESS

Please check one

- ☒ **TITLE ELIMINATION** (Complete all but section 3, below)
☐ **TRANSFER IN LOCATION** (Complete ALL sections but #1)
☐ **REMOVAL FROM REAL PROPERTY** (Complete all but section 4, below)

1 MANUFACTURED HOME			
TPO/PLATE NUMBER	YEAR 97	MAKE Waverly	WIDTH/LENGTH 60 X 40
VEHICLE IDENTIFICATION NUMBER (VIN) WAFLT31A14679 WC13		PROPERTY TAX PARCEL NUMBER 2-5-31-3-103	
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			
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 1/3/98
5 OWNER INFORMATION			
COUNTY # NC	UNINC <input checked="" type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1
NAME OF FIRST OWNER Mark E. Bowman		Provide the Washington Driver's License or I.D. card number (PIC) for each owner: ODL # 4486.755	
NAME OF SECOND OWNER Madeleine F. Bowman		ODL # 2445561	
ADDRESS OF OWNER 212 Eastwood Lane		--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 5780493267	
CITY Washougal	STATE WA	ZIP CODE 98671	More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.
NAME OF FIRST LEGAL OWNER Washington Mutual Bank		TOTAL FEES & TAX \$	
MAILING ADDRESS OF FIRST LEGAL OWNER 1201 Main Street		DEALER'S REPORT OF SALE	
CITY Vancouver	STATE WA	ZIP CODE 98660	I certify that this information is correct. The vehicle is clear of encumbrances except as shown.
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: Merritt Hargrett		DATE OF SALE 9-25-96	
DATE OF SALE 9-25-96		PURCHASE PRICE \$ 65,145.00	
DEALER NAME		TAX JURISDICTION/TAX RATE .070	
DEALER'S AUTHORIZED SIGNATURE X		USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)	
SUBSCRIBED TO AND SWORN BEFORE ME THIS 25th DAY OF Sept. 19 96		Residing in (County) Clark	
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/AFS OPERATOR NUMBER 30-01-08	DATE 1-3-98

Lot 3, of the amended SHORT PLAT of the County line tracts,
recorded in Book "3" of Plats, Page 272, records of Skamania
County, Washington.

Unofficial
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