

128684

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

JUL 17 9 42 AM '97

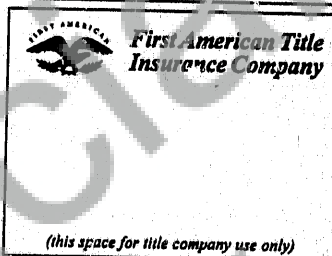
W. M. OLSON
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name QUINCY
Address 7702 NE 103RD AVE
City / State VANCOUVER, WA 98662

Document Title(s): (or transactions contained therein)

1. TITLE ELIMINATION APPLICATION
- 2.
- 3.
- 4.



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. JOHN D. QUINCY
 2. GISELA QUINCY
 3. HOUSEHOLD FINANCE CO
 - 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. STATE OF WASHINGTON, DEPT OF LICENSING
 - 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 1 SPRING LANE ESTATES

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 02-06-34-0-0-0109-00

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.

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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

FILED AT THE REQUEST OF:
NAME

ADDRESS

1 MANUFACTURED HOME

TPC PLATE NUMBER YEAR MAKE WIDTH/LENGTH VEHICLE IDENTIFICATION NUMBER (VIN)
64201 1988 BROOK 58x12 352

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 ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
02-00-34-0-0-0109

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 DATE
X

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 SIGNATURE/TITLE BLDG PERMIT OFFICE/PHONE # DATE
Ken Baird X Ken Baird Bldg Inspector (509) 427-9484 10/25/96

5 OWNER INFORMATION

COUNTY # INC./UNINC # REGISTERED OWNERS # LEGAL OWNERS Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

FEES

NAME OF FIRST OWNER
JOHN D. QUINCY

APPLICATION

NAME OF SECOND OWNER
GISELA QUINCY

MOBILE HOME FEES

ADDRESS OF OWNER
7702 NE 103RD AVE

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

ELIMINATION

CITY STATE ZIP CODE
VANCOUVER WA 98062

USE TAX

NAME OF FIRST LEGAL OWNER
HOUSEHOLD FINANCE CO

SUB-AGENT FEES

MAILING ADDRESS OF FIRST LEGAL OWNER
3101 NE PARKWAY DR #D4

More than two owners or one lienholder? Please use Attachment form(s) #TD-420-732.

TOTAL FEES & TAX

CITY STATE ZIP CODE
VANCOUVER WA 98062

\$

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: Jim Fox

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

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'S NUMBER

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (COUNTY) JOSEPH LANCE RAQUIZA

X

22 DAY OF OCTOBER 1996

CLALLAM STATE OF WASHINGTON

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

NOTARY -- PUBLIC

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

Angela Moser

OFFICE/PS OPERATOR NUMBER

30-01-08

DATE

7-17-97

13602548617 P.03

10-22-1996 08:54AM FROM

DESCRIPTION:

Lot 1 of SPRING LANE ESTATES, a replat of Spring Short Plat No. 3, in the Northeast Quarter of the Northwest Quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian, as recorded in Book B of Plats, Page 58, records of Skamania County, Washington.

NOTE: Investigation should be made to determine if there are any service, installation, maintenance or construction charges for sewer, water, telephone, 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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