

128692

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

JUL 17 2 25 PM '97

CM
AUDITOR
GARY M. OLSON

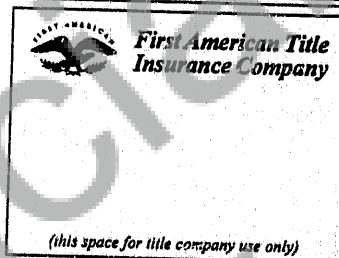
AFTER RECORDING MAIL TO:

Name WEBER
Address PO BOX 253
City/State STEVENSON, WA 98648

BOOK 167 PAGE 260

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. GREG WEBER
2. GERRI WEBER
3. INVESTORS MORTGAGE COMPANY
- 4.

5. ☐ Additional names on page _____ of document

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

1. STATE OF WA, 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 6, BLK 5, ROSELAWN EXTENSION

- ☐ Complete legal description in on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-2-4-1000-00

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.

SEARCHED
INDEXED, Dir
SERIALIZED
FILED

BOOK 167 PAGE 261



MANUFACTURED HOME APPLICATION

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 below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

1 MANUFACTURED HOME

| | | | | |
|--|--------------------------|---------------------------|-----------------------------------|--|
| 1 TPO/PLATE NUMBER +31099 | 2 YEAR 1985 | 3 MAKE CRNHL | 4 WIDTH/LENGTH 56/20 | 5 VEHICLE IDENTIFICATION NUMBER (VIN) CR FL 2AF 1B4804565 |
|--|--------------------------|---------------------------|-----------------------------------|--|

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
03-07-36-2-4-1000-00

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 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 FRANK FINCH | SIGNATURE/TITLE X Frank Finch | BLOG PERMIT OFFICE/PHONE # BLOG INSPECTOR | DATE 7-15-97 |
|----------------------------|---|---|------------------------|

5 OWNER INFORMATION

| | | | | |
|---|---------------------------------|----------------------------|---|-----|
| COUNTY # <input checked="" type="checkbox"/> INC <input type="checkbox"/> JUNIO | # REGISTERED OWNERS 2 | # LEGAL OWNERS 1 | Provide the Washington Driver's License or I.D. card number (PIC) for each owner: | FEE |
|---|---------------------------------|----------------------------|---|-----|

| | | |
|---|--|--------------------------|
| NAME OF FIRST OWNER GREG WEBER | --OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 6010648761 | ELIMINATION |
| NAME OF SECOND OWNER GERRI WEBER | | USE TAX |
| ADDRESS OF OWNER PO BOX 253 | | SUB-AGENT FEES |
| CITY STEVENSON | | TOTAL FEES & TAX |
| STATE WA | ZIP CODE 98048 | |
| NAME OF FIRST LEGAL OWNER INVESTORS MORTGAGE COMPANY | More than two owners or one lienholder? Please use attachment form(s) #TD-420-732. | |
| MAILING ADDRESS OF FIRST LEGAL OWNER 10220 NE POINTS DRIVE #200 | | |
| CITY KIRKLAND | STATE WA | ZIP CODE 98033 |

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: **X**
 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 SO UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNER(S) 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 LICENSE AGENT: **Angela Moser** SUBSCRIBED TO AND SWORN BEFORE ME THIS **25TH** DAY OF **OCTOBER** 19 **96** Residing in (County) **CLARK**

6 COUNTY AUDITOR/AGENT LICENSING'S 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 7-17-97 |
|-----------------------------|------------------------------------|---|------------------------|

Lot 6, Block 5, ROSELAWN EXTENSION, according to the plat thereof,
recorded in Book A, Page 65, in the County of Skamania, State of
Washington.

Unofficial
Copy