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BOOK 167 PAGE 388

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

JUL 22 1 09 PM '97

Amber
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name DORIS MAESNER
Address PO BOX 599
City / State CASCADE LOCKS, OR 97014

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

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

Reference Number(s) of Documents assigned or release:

☐ Additional numbers on page _____ of document

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

1. DORIS MAESNER
2. RIVER VIEW SAVINGS BANK
- 3.
- 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/ownership/range/quarter/quarter)

A PORTION OF LOT 5 OF THE SKAMANIA ELECTRIC ADDITION, RECORDED IN BOOK A OF PLATS, PAGE 42, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
LOT 1 OF THE STEWART CREWS SHORT PLAT, RECORDED IN BOOK T OF SHORT PLATS, PAGE 86, SKAMANIA COUNTY RECORDS

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-1-3-0800-00



Registered ☒
Indexed, with ☒
Indirect ☒
Filmed ☐
Mailed ☐

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.



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)

RECORLER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ADDRESS

1 MANUFACTURED HOME

TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1997	MARLETTE	28 X 42	H-013884 A/B

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

03-07-3613-000000

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.

BLOG PERMIT #

NAME	SIGNATURE/TITLE	BLOG PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Building Inspector	(509) 427-9484	7/10/97

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1		

NAME OF FIRST OWNER

DORIS MAESNER

NAME OF SECOND OWNER

PO BOX 599

ADDRESS OF OWNER

CITY

CASCADE LOCKS OR 97014

NAME OF FIRST LEGAL OWNER

RIVERVIEW SAVINGS BANK

MAILING ADDRESS OF FIRST LEGAL OWNER

PO BOX 1068

CITY

CAMAS

STATE

WA

ZIP CODE

98607

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: *Doris Maesner*

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

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 sentenced to a fine of up to \$5,000 and/or 10 years imprisonment (RCW 48.12.210). I DO NOT KNOW OF ANY OTHER PERSONS WHOSE NAMES ARE ON 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 LICENSE AGENT

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (County)

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	SIGNATURE	OFFICE/FS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	7-22-97