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

JUL 22 1 09 PM '97

AVDITOR

GARY M. OLSON

				AUDITOR
<u>eter k</u>	ECORDIN	G MAIL TO:	G	ARY M. OLSON
me Do	RIS M	AFSNIFR		OLOUM

Address PO BOX 599	
City/State CASCADE LOCKS, OR 97014	
Document Title(s): (or transactions contained therein) 1. TITLE ELIMINATION APPLICATION 2. 3. 4.	First American Title Insurance Company
Reference Number(s) of Documents assigned or released:	
☐ Additional numbers on page of document	(this space for title company use only)
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 LICE 2. 3. 4. 5. Additional names on page of document	EUS/UG adexed, vir / Indirect Filmed
Abbreviated Legal Description as follows: (i.e. lot/block/plat or set A POLITION OF LOT 5 OF THE SKAMANIA ELE BOOK A OF PLATS, PAGE 42, IN THE COUNTY OWNSHINGTON; DESCRIBED AS FOLLOWS:	ction/kownship/range/quarter/quarter) ETRIC ACDITION, REICKDED IN DF SKAMANIA, STATE OF
LOT I OF THE STEWART CREWS SHORT PLAT OF SHORT PLATS, PAGE BG, SKAMANIA COUNT	T, RECORDED IN BOOK T
Complete legal description is on page of docum	ent
Assessor's Property Tax Parcel / Account Number(s): 03-6	07-36-1-3-0800-00

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.

IST STATE OF WASHINGTON		BO	OR 167 PAGE
BETATE OF WASHINGTON ICENSING	MANUFACTURED HON APPLICATION		FILED AT THE REQUEST OF: NAME
ase check one L			ADDRESS
TITLE ELIMINATION (Complete TRANSFER IN LOCATION (Co REMOVAL FROM REAL PROP	e all but section 3, below) implete ALL sections below) PERTY (Complete all but section 4, below))	
MANUFACTURED HOME OPLATE NUMBER YEAR. M			
1997	MARLETTE WIDTHLENGTH 28 X 4	L H 01	FICATION NUMBER (VIN) 3884 A/B
lach a copy of the legal descr	ription of your land. It can be obta	ained from your County	PROPERTY TAX PARCEL NUMBER
sessor's office or it may be ty anufactured home will be	ped or printed on an Additional A	Attachment Form (TD-420-732).	03-07-36-1-3-08
TITLE COMPANY CERTIFICAT	TON		
ertify that the legal description	n of the land and ownership is true	e and correct per the real propert	v records.
	TITLE COMPANYPHONE NUMBER	SIGNATURE	DATE
DUILDING FERMIT UFFICE CE			
ertify that the manufactured h	ome has been affixed to the real	property as described, or a building	DO BLDG PERMIT #
E	purpose and the attachment will b	be inspected upon completion.	
	X Ken Boind Ball	lascety (504) 427-96	DATE 7/ 10/ 97
OWNER INFORMATION		(Jay 201 (307) 72/ 11	FEES
MITY NG UNINC * REGISTERED C	The state of the s	ide the Washington Driver's License or number (PIC) for each owner:	I.D. FILING FEE
NAME OF FIRST OWNER DORIS MAESA	IER	100 DA	A LICATION
NAME OF SECOND OWNER	JEN	DDL 5486083	MORILE HOME FEES
PO BOX 599		. 13	
ADDRESS OF OWNER			ELIMINATION .
		OP if the owner is a businer	
CITY	STATE ZIP CODE	OR If the owner is a business provide the Unified Business	
CASCADE LOC		provide the Unified Business Identifier (UBI), found on the	USE TAX
CASCADE LOC	KS OR 97014	provide the Unified Business	USE TAX
CASCADE LOC NA/AE OF FIRST LEGAL OWNER* RIVERULEW SA MAILING ADDRESS OF FIRST LEGAL OWN	WINGS BANK	provide the Unified Business Identifier (UBI), found on the business Registration & License Document.	USETAX SUB-AGENT FEES
CASCADE LOC NATE OF FIRST LEGAL OWNER' RIVERULEW SA MAILING ADDRESS OF FIRST LEGAL OWN PO. BOY	WINGS BANK	provide the Unified Business Identifier (UBI), found on the business Registration & License	SUB-AGENT FEES TOTAL FEES & TAX
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