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BOOK 167 PAGE 395

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


JUL 23 9 41 AM '97
OLSON
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Columbia T. Fe
Address PO Box 735
City/State White Salmon, WA 98672

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

1. Manufactured Home Application
- 2.
- 3.
- 4.



First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Document: assigned or released:

Additional numbers on page _____ of document

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

1. Walker CIAA
- 2.
- 3.
- 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)

SW 1/4 of Sec 26, T4N, R9E

Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s):

04-09. 26-0-0-0307

Registered

Indexed, Dir

Indirect

Filed

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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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)

MANUFACTURED HOME			
1. PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	97	FLEETWOOD	40X60
LAND			VEHICLE IDENTIFICATION NUMBER (VIN)
			ORFLT48A8023421LP13

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
 24-09-26-0-0-0307

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/HOME NUMBER	SIGNATURE	DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

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	SIGNATURE	BLDG PERMIT OFFICE/PHONE #	DATE
Ken Baird	<i>Ken Baird</i>	(509) 427-9484	7/22/97

OWNER'S INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or ID card number (PIC) for each owner:	FEES
	<input type="checkbox"/>	<input type="checkbox"/>				FILING FEE

NAME OF FIRST OWNER	CLAY A. WALKER	5659214	APPLICATION
NAME OF SECOND OWNER	VEDA M. WALKER		MOBILE HOME FEES
ADDRESS OF OWNER	173 P.O. Box 173	--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	ELIMINATION
CITY	Underwood		STATE TAX
NAME OF FIRST LEGAL OWNER	THE CIT GROUP SALES/FINANCING	More than two owners or one ill. holder? Please use attachment form(s) #TD-420-732.	SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER	P.O. Box 24610		TOTAL FEES & TAX
CITY	OKLAHOMA CITY	STATE	ZIP CODE
	OK	OK	73124

DEALER'S REPORT OF SALE

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

DATE OF SALE	PURCHASE PRICE
	\$
TAX JURISDICTION/TAX RATE	

NOTARY PUBLIC
 OCT 25 1997
 STATE OF OKLAHOMA

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 (O.S. 46.12.10). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM ONE OF THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Owner's Signature(s) & Title(s):
Clay Walker
Veda Walker

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	OFFICER'S OPERATOR NUMBER	DATE
Anaela Moser	<i>Anaela Moser</i>	30-01-08	7-23-97

the following described real estate, situated in the County of SKAMANIA, State of Washington:

A TRACT OF LAND IN THE NORTH HALF OF THE NORTH HALF OF THE SOUTHWEST QUARTER OF SECTION 26, TOWNSHIP 4 NORTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 2 OF THE SHORT PLAT, RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 275 SKAMANIA COUNTY RECORDS

SUBJECT TO:

EASEMENT FOR SEPTIC AND ACCESS AS SHOWN ON THE RECORDED SHORT PLAT. DECLARATION OF COVENANTS RECORDED SEPTEMBER 27, 1995 IN BOOK 152, PAGE 576.

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