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BOOK 168 PAGE 614  
FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE  
AUG 27 1 30 PM '97  
JAMES OLSON  
AUDITOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name MC CRUM  
Address PO BOX 387  
City / State CARSON, WA 98610

**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

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

1. MACCRUM, ROBERT, F JR.
2. MACCRUM, TIFFANY A.
3. FORD CONSUMER 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 2 BILL COATES SHORT PLAT

- ☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-17-3-0-141-00

**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.



# MANUFACTURED HOME APPLICATION

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

<b>1 MANUFACTURED HOME</b>			
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1997	FLEETWOOD	58'8" X 56'1"
			VEHICLE IDENTIFICATION NUMBER (VIN) DEFLT48A350008-FW13 DEFLT48A350008-FW13
<b>2 LAND</b>			
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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-7411-00
<b>3 TITLE COMPANY CERTIFICATION</b>			
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.			
<b>4 BUILDING PERMIT OFFICE CERTIFICATION</b>			
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	10/29/96
<b>5 OWNER INFORMATION</b>			
COUNTY #	INC	UNINC	# REGISTERED OWNERS
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
		# LEGAL OWNERS	1
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			FILING FEE
NAME OF FIRST OWNER ROBERT F. MCCRUM JR.			APPLICATION
NAME OF SECOND OWNER TIFFANY A. MCCRUM			MOBILE HOME FEES
ADDRESS OF OWNER PO BOX 387			ELIMINATION
CITY	STATE	ZIP CODE	USE TAX
CARSON	WA	98610	SUB-AGENT FEES
NAME OF FIRST LEGAL OWNER FORD CONSUMER FINANCE CO.			TOTAL FEES & TAX
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1489			\$
CITY	STATE	ZIP CODE	
CLACKAMAS	OR	97015	
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X <i>Clackamas</i>			<b>DEALER'S REPORT OF SALE</b>
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by imprisonment for 5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY AFFIRM, UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THE VEHICLE AND THIS INFORMATION IS ACCURATE.			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			\$
DEALER'S AUTHORIZED SIGNATURE		TAX JURISDICTION/TAX RATE	
X			
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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	
X <i>Angela Maser</i>		24th DAY OF AUGUST 1996	
Residing in (County)			
<b>6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)</b>			
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/VFS OPERATOR NUMBER	DATE
Angela Maser	X Angela Maser	30-01-08	8-27-97



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:

- ☒ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

Land: Property Tax Parcel Number 03-08-17-3-0-1411-00

Legal Description:

A tract of land in the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:  
 Lot 2 of the BILL COATES SHORT PLAT, recorded in Book 3 of Short Plats, Page 250, Skamania County Records.