129463

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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
OCT 10 9 50 AM '97
J Moser
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City / State _____

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 Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Traci O. Eccles
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

Treasurer
Affixed, Dir
Indirect
Affixed
Mailed

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 2 Shelly Glen Subdivision

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 07-08-17-4-0-0202-00

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.*

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STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF: NAME / ADDRESS

Please check one

- [x] **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

TP/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
% 130724	1995	FLEETWOOD	44x27	ORFLS48A20365CN13

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 [x] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 03-08-17-4-0-0302-00

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	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.

BLDG PERMIT #:

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Bldg Inspector	(509) 427-9484	10/17/96

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
	[x]	[ ]	1	1

Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

NAME OF FIRST OWNER: TRACI D. ECCLES

NAME OF SECOND OWNER:

ADDRESS OF OWNER: P.O.BOX 1140

CITY: CARSON STATE: WA ZIP CODE: 98610

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

NAME OF FIRST LEGAL OWNER*: RIVERVIEW SAVINGS BANK

MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. BOX 1068

CITY: CAMAS STATE: WA ZIP CODE: 98607

More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Patty McKenzie AVP

FEES	
FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$

DEALER'S REPORT OF SALE

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: 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)

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 SOLEMNLY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. (Owner(s) Signature(s) & Title(s)):

X

X

X

NOTARY OR LICENSE AGENT NUMBER

X

SUBSCRIBED TO AND SWORN BEFORE ME THIS 18th DAY OF JULY 19 96

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/VFS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	10-10-97

DESCRIPTION:

Lot 2 of the SHELLEY GLEN SUBDIVISION, according to the recorded plat thereof, recorded in Book B of Plats, Page 80, in the County of Skamania, State of Washington.