

129784

BOOK 170 PAGE 995
 FILED FOR RECORD
 SKAMANIA CO. WASH
 BY SKAMANIA CO. TITLE

Nov 14 4 05 PM '97

Smasher
 AUDITOR
 GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Chicago Title
 Address 1111 Main Street Suite 200
 City / State Urbana, CA 91660

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

1. Title Elimination
- 2.
- 3.
- 4.

**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. Terry J. Di Filippo
2. Southern Pacific Funding Corp
- 3.
- 4.

☐ 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.

☐ 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 30, T 2N, R 5E

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 0205-30-00-1509

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)

NO CURRENTS OWNER

FILED AT THE RECORDING OFFICE

NAME, CHICAGO TITLE
 1111 MAIN ST. #200
 VANCOUVER, WA
 98660
 K82124MM

MANUFACTURED HOME			
MODEL/PLATE NUMBER	YEAR	MAKE	MODEL/LENGTH
LAND	82	MODUL	66/14
			VEHICLE IDENTIFICATION NUMBER (VIN)
			96285

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 420-702).
 Manufactured home will be ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PAYER NUMBER
 02 05 30 0 0 1509 00

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 _____

Finalize this application with a Licensing Agent within 10 calendar days of the date this 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 MARION MORIT X Marion Morit Inspector

OWNER INFORMATION

☐ OWNER ☐ LEASED ☐ REGISTERED OWNER ☐ LEGAL OWNERS

Provide the Washington Driver's License or ID card number (DNC) for each owner:

NAME OF FIRST OWNER: Difillippo, Jerry J.

NAME OF SECOND OWNER: _____

ADDRESS OF OWNER: 192 Taylor Road

CITY: Washougal STATE: WA ZIP CODE: 98671

NAME OF FIRST LEGAL OWNER: Southern Pacific Funding Corporation

MAILING ADDRESS OF FIRST LEGAL OWNER: 6800 Indiana Ave. #110

CITY: Riverside STATE: CA ZIP CODE: 92506

OR If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & License Document: 33063 6924

More than two owners or one partnership? Please attach form(s) ATT-420/32.

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 \$ _____

DEALER NAME _____ TAX JURISDICTION/TAX RATE _____

SIGNATURE OF LEGAL OWNER NOTATED DOCUMENT FOR ELIMINATION OR TRANSFER/REMOVAL FROM REAL PROPERTY. X Jeff H. H. 1 3-264

Anyone who knowingly makes a false statement of a material fact to guilty of a felony, and such violation may be punished by a fine of up to \$5,000 and/or 10 years imprisonment.

NOTARIAL STATEMENT: I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW AND THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INSTRUMENT.

DATE: 12/13/96

NOTARY PUBLIC

NAME: Melissa A. Miller STATE: WA EXPIRATION DATE: 10/96

COUNTY AUTOMATIC 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: Adore SIGNATURE: Adore OFFICE PHONE NUMBER: 060117 DATE: 12/13/96

MELISSA A. MILLER
 NOTARY PUBLIC
 STATE OF WASHINGTON
 COMMISSION # _____

A tract of land in the Southeast Quarter of the Southwest Quarter of Section 30, Township 2 North Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2, SUNSERI-SCHULL SHORT PLAT, recorded in Book 2 of Short Plats, Page 120, Skamania County Records.