

133332

BOOK 183 PAGE 25

FILED IN RECORD
SKAGWAY WASH
BY SKAMAGIA CO. TITLE

Nov 9 9 38 AM '98

Amoser
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City / State _____

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

1. MOBILE HOME 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. Hildenbrand, Robert L.
2. Hildenbrand, Betty G.
- 3.
- 4.

5. ☐ Additional names on page 1 of document

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

1. State of Washington
2. Department of Licensing
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/townsl tp/range/quarter/quarte.)

SE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of the SW $\frac{1}{4}$ of S26, T4N, R7E

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-26-3-0-0900-00

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

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)

1. MANUFACTURED HOME

| | | | | |
|------------------|------|----------|--------------|-------------------------------------|
| TPO/PLATE NUMBER | YEAR | MAKE | WIDTH/LENGTH | VEHICLE IDENTIFICATION NUMBER (VIN) |
| | 1976 | PARKWOOD | 48/24 | 245242854X |

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 ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER

04-07-26-3-0-0900-00

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 | 11/26/96 |

5. OWNER INFORMATION

| | | | | | | |
|----------|-------------------------------------|--------------------------|-------------------|----------------|---|------|
| COUNTY # | INC | UNINC | REGISTERED OWNERS | # LEGAL OWNERS | Provide the Washington Driver's License or I.D. card number (PIC) for each owner: | FEES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 | 1 | | |

NAME OF FIRST OWNER
ROBERT L. HILDENBRAND

NAME OF SECOND OWNER
HETTY G. HILDENBRAND

ADDRESS OF OWNER
601 TROUT CREEK ROAD

CITY
CARLSON

STATE
WA

ZIP CODE
98610

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

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: *[Signature]*

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

062001573

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

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

DEALER'S AUTHORIZED SIGNATURE

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

SUBSCRIBED TO AND SWORN BEFORE ME THIS

15 DAY OF JUNE 1996

Residing in (County)

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

Angela Moser

SIGNATURE

X Angela Moser

OFFICE/FS OPERATOR NUMBER

30-01-08

DATE

11-5-98

A tract of land in the Southeast Quarter of the Northeast Quarter of the Southwest Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the DIAL SHORT PLAT, recorded in Book 3 of Short Plats, Page 56, Skamania County records.

Unofficial
Copy