

133335

BOOK 183 PAGE 35

FILED IN RECORD
CLERK OF COURT WASH
BY SKAMANIA COX TITLE

Nov 6 10 25 AM '98

AMORER
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

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

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



**First American Title
Insurance Company**

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

(this space for title company use only)

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

1. Morat, Marlon R.
2. Morat, Carol A.
- 3.
- 4.

5. ☐ Additional names on page _____ 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/plot or section/township/range/quarter/quarter)

Lot 11, Block 1, EVERGREEN ACRES, according to the recorded Plat thereof,
recorded in Book A of Plats, Page 142, in the County of Skamania and State
of Washington.

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-2-0-3900-00

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)
763471	71	Brook	52/24	2299

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 03-08-21-20-3900-00	

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.			
NAME	SIGNATURE/TITLE	BLOG PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Bldg. Insp.	(509) 427-7484	12/17/96

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

NAME OF FIRST OWNER MARLON R. MORAT			APPLICATION
NAME OF SECOND OWNER CAROL A. MORAT			MOBILE HOME FEES
ADDRESS OF OWNER 701 OLD STATE ROAD			ELIMINATION
CITY Carson	STATE WA	ZIP CODE 98610	USE TAX
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS			SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068			TOTAL FEES & TAX
CITY CAMAS	STATE WA	ZIP CODE 98607	\$

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Carol A. Morat			DEALER'S REPORT OF SALE
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			

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 ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS TRUE.			WA DLR NO.	DATE OF SALE	PURCHASE PRICE
DATE: 12/17/96			DEALER NAME		\$
X Washington State Department of Licensing			DEALER'S AUTHORIZED SIGNATURE		TAX JURISDICTION/TAX RATE
X Carol A. Morat			X		

NOTARY OR LICENSE AGENT: X DEBI J. Rasmussen			SUBSCRIBED TO AND SWORN BEFORE ME THIS 10th DAY OF JANUARY, 1997		
Residing in (County)					

6 COUNTY AUTHORITY AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)			
I certify that the above application has been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.			
NAME	STATE	SIGNATURE	OFFICE/VS OPERATOR NUMBER
Angela Moser	WA	X Angela Moser	30-01-08
			DATE
			11-5-98

Lot 11, Block 1, Evergreen Acres, according to the recorded Plat thereof, recorded in Book A of Plats, Page 142, in the County of Skamania and State of Washington.

TOGETHER WITH MOBILE HOME VIN # 2299

1971 Brookwood

Unofficial
Copy