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FILED FOR RECORD
SKAMIA CO. WASH
BY SKAMIA CO. TITLE

Nov 6 10 29 AM '98

Amos R
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Evert's
Address PO Box 91
City/State Arson WA. 98610

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

1. Manufactured 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. Evert, Robert F.
2. Evert, Patricia A
- 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/township/range/quarter/quarter)

Lot 39 Columbia Heights

- ☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-4-1-5400-00

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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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			
TO/PLATE NUMBER +064952	YEAR 1994	MAKE GOLDEN FAL	WIDTH/LENGTH 76/60
			VEHICLE IDENTIFICATION NUMBER (VIN) CE13325
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 03-08-29-4-1-5400
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 X	DATE
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 Ken Baird	SIGNATURE/TITLE X Ken Baird Self-employed	BLDG PERMIT OFFICE/PHONE # 509 427-9484	DATE 12/17/96
5 OWNER INFORMATION			
COUNTY # <input checked="" type="checkbox"/> INC <input type="checkbox"/> JUNIC	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	FEES
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			FILING FEE
NAME OF FIRST OWNER ROBERT F. EVERT			APPLICATION
NAME OF SECOND OWNER PATRICIA A. EVERT			MOBILE HOME FEES
ADDRESS OF OWNER P.O. BOX 91			ELIMINATION
CITY CARSON	STATE WA	ZIP CODE 98610	USE TAX
NAME OF FIRST LEGAL OWNER COMMUNITY LENDING INC.			SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER 5620 NE GHER ROAD STE E			TOTAL FEES & TAX \$
CITY VANCOUVER	STATE WA	ZIP CODE 98062	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY M. J. J. 12-9-96			DEALER'S REPORT OF SALE
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 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):			--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.
WA DLR NO. DATE OF SALE PURCHASE PRICE TAX JURISDICTION/TAX RATE			
DEALER NAME DEALER'S AUTHORIZED SIGNATURE USE TAX EXEMP: Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)			
NOTARY OR LICENSE AGENT & NOTARY SUBSCRIBED TO AND SWORN BEFORE ME THIS 5th DAY OF DECEMBER 1996 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 Angela Moser	SIGNATURE X Angela Moser	OFFICE/VFS OPERATOR NUMBER 30-01-08	DATE 11-5-98

Lot 39, COLUMBIA HEIGHTS, according to the recorded plat thereof, recorded in Book A, Page 136, in the County of Skamania, State of Washington.

Unofficial
Copy