

136746

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

Nov 5 11 24 AM '99

A Moser

AUDITOR

GARY M. OLSON

AFTER RECORDING MAIL TO:

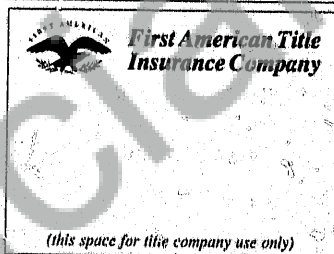
Name _____

Address _____

City / State _____

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. O'Mahoney, Timothy
2. Walker, Brandi
3. Riverview Community Bank
- 4.

5. ☐ Additional names on page _____ of document

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

1. State of Washington, Department of Licensing
- 2.
- 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)

W1 of the SE1/4 of S25, T3N, R7E

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-25-4-0-0407-00

WA-1

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

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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)
	1996	Spring Manor	38/56	1 8Y91-0756-1 AB

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

03-07-25-4-0-0407-00

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
	<i>[Signature]</i>		

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

TIMOTHY O' MAHONEY

NAME OF SECOND OWNER

BRANDI WALKER

ADDRESS OF OWNER

122 Baker Rd

CITY

Stevenson

STATE

WA

ZIP CODE

98648

NAME OF FIRST LEGAL OWNER

RIVERVIEW SAVINGS BANK

MAILING ADDRESS OF FIRST LEGAL OWNER

PO BOX 1068

CITY

CAMAS

STATE

WA

ZIP CODE

98607

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR REMOVAL 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.

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

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

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

Residing in (County)

NOTARY OR LICENSE AGENT NUMBER

SUBSCRIBED TO AND SWORN BEFORE ME THIS

22ND

DAY OF OCTOBER

IN

96

NOTARY OR LICENSE AGENT SIGNATURE

6 COUNTY AUDITOR/AGENCY 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
	X		

EXHIBIT "A"

A parcel of land located in the West Half of the Southeast Quarter of Section 25, Township 5 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, described as:

Lot 4 of the NEAD SHORT PLAT as recorded in Book 3 of Short Plats, on Page 122, Skamania County Records.