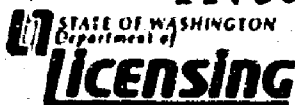


117536

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MANUFACTURED HOME APPLICATION

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Release

☒ 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)

FILED FOR RECORD
RECORDED & INDEXED
SKAMANIA CO. WASH
BY Michelle Severy

SEP 30 2 34 PM '93

P. Lowry
AUDITORRECORDED AT
REQUEST OF:

GARY M. OLSON

| MANUFACTURED HOME | | | | | |
|-------------------|----------|--------------|-------------------------------------|-----------------------------|-------------------------------------|
| YEAR | MAKE | WIDTH/LENGTH | VEHICLE IDENTIFICATION NUMBER (VIN) | COLOR #1 TOP OR FRONT | COLOR #2 BOTTOM OR REAR COLOR |
| 88 | Bradbury | 28/48 | Serial # B07058 | Blue | Gray |

LAND

• Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
• Land to which the manufactured home is being: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER

TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

| NAME | TITLE COMPANY/PHONE NUMBER | SIGNATURE | DATE |
|--------------------|----------------------------|-----------|------|
| <i>[Signature]</i> | | X | |

NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

BUILDING PERMIT OFFICE CERTIFICATION

I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.

| NAME | SIGNATURE/TITLE | BUILDING PERMIT OFFICE/PHONE NUMBER | DATE |
|----------------|-------------------------------------|-------------------------------------|---------|
| Don A. Nygaard | X Don A. Nygaard Building Inspector | 509-477-7484 | 9-30-93 |

OWNER INFORMATION

County # ☐ INC ☐ LANC ☐ NUMBER OF REGISTERED OWNERS ☐ NUMBER OF LEGAL OWNERS ☐ Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

| NAME OF FIRST REGISTERED OWNER | NAME OF SECOND REGISTERED OWNER | ADDRESS OF FIRST REGISTERED OWNER | CITY | STATE | ZIP CODE | NAME OF FIRST LEGAL OWNER* | MAILING ADDRESS OF FIRST LEGAL OWNER | CITY | STATE | ZIP CODE | * SIGNATURE OF LEGAL OWNER (INDICATES CONSENT FOR ELIMINATION OF TITLE) | DATE |
|--------------------------------|---------------------------------|-----------------------------------|--------|-------|----------|----------------------------|--------------------------------------|--------------|-------|----------|---|---------|
| Michelle LaRae Severy | Don A. Nygaard | Brooks Rd PO Box 179 | Curson | WA | 98610 | Key Bank of Washington | P.O. Box 350 | White Salmon | WA | 98672 | X Michelle Severy | 9/14/93 |

This "NUMBER" may be found on your Washington Drivers License/ I.D. Card - OR - If the owner is a business, provide the Unified business Identifier (UBI) number.

More than two registered or one legal owner? Please use attachment forms (TD-420-732)

FEES

| APPLICATION | MOBILE HOME FEES | ELIMINATION | USE TAX | SUB-AGENT FEES | TOTAL FEES & TAX |
|-------------|------------------|-------------|---------|----------------|------------------|
| | | | | | \$ |

Any person 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 4B.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Registered Owner (Signature): X Michelle Severy (Title)

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

| DEALER NAME | DATE OF SALE |
|-------------|--------------|
| Golden West | |

WA DLR NO. ☒ DEALER'S AUTHORIZED SIGNATURE X

NOTARY OR LICENSE AGENT & NUMBER ☒ Subscribed and Sworn to Before Me This 30 Day of Sept 19 93 Residing in Skamania County

USE TAX EXEMPT (Sale to Indian on the Reservation (attach notarized statement of delivery))

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 | SIGNATURE | OFFICE/VFS OPERATOR NUMBER | DATE |
|-----------------|-------------------|----------------------------|---------|
| DARLENE M. LECK | X Darlene M. Leck | 30-01 932 | 9-30-93 |

RECORDING OFFICE

This form has been recorded in the county records.

| RECORDING NUMBER | COUNTY | VOLUME/PAGE | DATE |
|------------------|----------|-------------|---------|
| 117536 | Skamania | 138/462 | 9/30/93 |

3-8-17-3-1300

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the following described real estate, situated in the County of Skamania
State of Washington, together with all after acquired title of the grantor(s) therein

That portion of The North half of The South west Quarter
of The South west Quarter ($N\frac{1}{2} SW\frac{1}{4} SW\frac{1}{4}$) of Section 17,
Township 3 North, Range 8 E. W.M., described as follows:

Beginning at The Southeast corner of The $N\frac{1}{2}$ of The $SW\frac{1}{4}$
of The $SW\frac{1}{4}$ of The ^{aid} Section 17; Thence north along The
east line of The $SW\frac{1}{4}$ of The $SW\frac{1}{4}$ of The said Section 17
a distance of 290 feet; Thence west 150 feet; Thence South
290 feet to the south line of The $N\frac{1}{2}$ of The $SW\frac{1}{4}$ of The
 $SW\frac{1}{4}$ of The said Section 17; Thence east 150 feet to point
of beginning.

| | |
|--------------|---|
| Registered | p |
| Indexed, Dir | p |
| Indirect | p |
| Filmed | |
| Mailed | |