

MANUFACTURED HOME APPLICATION

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Reissue

☒	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 ON RECORD
RECORDED & CLOCK
SERIALIZED WASH
BY SKAMANA CO. FILE

FEB 8 2 35 PM '94

P. Henry
AUDITOR
RY M. OLSON

RECORDED AT
DEPT. OF:

MANUFACTURED HOME					
YEAR	NAME	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
1972	FLAMI	60/12DXL	2434		

2

118709

LAND

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• 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

04-07-15-3-0-1500-00

3 **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
	SKAMANA Co. Title	[Signature]	1/14/94

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.			BUILD PERMIT #
NAME	SIGNATURE/TITLE	BUILDING PERMIT OFFICE PHONE NUMBER	DATE
Dean A. Nygard	X <i>Dean A. Nygard</i>	(509) 427-9484	01-10-94

OWNER INFORMATION					*FEES	
COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	RUNG FEE
	☐	☒	1	1		
NAME OF FIRST REGISTERED OWNER					SEAGED1401BZ	APPLICATION
Jessie Seager						
NAME OF SECOND REGISTERED OWNER						MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER					This "NUMBER" may be found on your Washington Drivers License/ I.D. Card -OR- if the owner is a business, provide the United business identifier(UBI) number. 065009903	ELIMINATION
P.O. box 291						
CITY	STATE		ZIP CODE			USE TAX
Carson,	WA		98610			
NAME OF FIRST LEGAL OWNER*					More than two registered or one legal owner? ... Please use attachment forms (TD-429-732)	SUB-AGENT FEES
First Independent Bank						
MAILING ADDRESS OF FIRST LEGAL OWNER						TOTAL FEES & TAX
P.O. Box 340						\$
CITY	STATE		ZIP CODE			
Stevenson,	WA		98648			
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: <i>X K. Jones Rush</i>						
DATE: 1-19-94						

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 (PCW 4A.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Redmond Greer Blankard: (714) 441-1111

DEALER'S REPORT OF SALE

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

DEALING PLANS

PURCHASE PRICE

10

TAX JURISDICTION/TAX RATE

DATE OF SALE

WAVE NO.

DEALER'S AUTHORIZED SIGNATURE _____

100

1999

USE TAX EXEMPT Sales to Indian on the Reservation (attach returned statement of delivery)

6  **SECURITY 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	SPECIFIC OPERATOR NUMBER 30-01-08	DATE 2-8-94
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RECORDING NUMBER 118209				COUNTY Stamania	VOLUME/PAGE 141/367	DATE 2/8/94
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EXHIBIT "A"

Lot 21, EL DESCANSO AL RIO TRACT, according to the recorded Plat thereof, recorded in Book A of Plats, Page 90, in the County of Skamania, State of Washington.