STATE OF WASHINGTON Department of **LICENSING**

MANUFACTURED HOME APPLICATION

FILED FOR RECORD
RECORDER'S CLOCK
SKAMANIA CO. WASH
BY Charter Title
FEB 23 2 19 PM '94
G. Lowry
AUDITOR
RECORDED AT REQUEST OF
GARY H. OLSON

TITLE OPTIONS

- [ ] Original
- [ ] Transfer
- [ ] Duplicate
- [ ] Reissue
- [X] **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

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1986	FLEET	40/28	RFLAM2AG104805865		

2 LAND 118788 BOOK 141 PAGE 589

- 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: [X] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 01-05-09-0-0-0615-00

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
		X	

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

4 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	BLDG PERMIT OFFICE/PHONE NUMBER	BLDG PERMIT #	DATE
Dean A. Hyporad	X Dean A. Hyporad Building Insp	Skamania Co.	1478	1-19-94

5 OWNER INFORMATION 4-21-94 $4

COUNTY #	IRC	UBMC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	[ ]	[ ]	1	

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

NAME OF FIRST REGISTERED OWNER: VICTORIA L. PFEIFFER
NAME OF SECOND REGISTERED OWNER:
ADDRESS OF FIRST REGISTERED OWNER: MP 0.14 COLLINS RD.
CITY: WASHOUGAL, STATE: WA ZIPCODE: 98671
NAME OF FIRST LEGAL OWNER*: SOUTHERN PACIFIC THRIFT & LOAN ASSOCIATION
MAILING ADDRESS OF FIRST LEGAL OWNER: 1 CENTERPOINTEW DR., SUITE 111
CITY: LAKE OSWEGO, STATE: OREGON ZIPCODE: 97035
*SIGNATURE OF LEGAL OWNER(S) AND TITLE COMPANY PER ELIMINATION OF TITLE: X [signature] DATE: 1/24/94

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

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$

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/WE SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE/WERE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

X [signature]
X
X

NOTARY PUBLIC STATE OF WASHINGTON
DEBRA SANDERS
COMMISSION EXPIRES JUNE 1, 1994

DEALER'S REPORT OF SALE

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

DEALER'S AUTHORIZED SIGNATURE
X

PURCHASE PRICE	$
TAX JURISDICTION/TAX RATE	
DATE OF SALE	

Registered
Indexed, Dir
Indirect
Filmed
Mailed

NOTARY OR LICENSE AGENT # AND NUMBER: X 860547
Subscribed and Sworn to Before Me This 18 Day of January 1994
Residing in Vancouver Clark County

[ ] USE TAX EXEMPT Sale to Indian on the Reservation (attach completed statement of exemption)

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	SIGNATURE	OFFICE/SUB OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	20-01-08	2-23-94

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
118787	Skamania	141	2/23/94

BOOK 141 PAGE 590

LEGAL

THE EAST HALF OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 9, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.