



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)

RECORDED & CLOSED
SKAMIA CO. WASH
BY 1st Independent

FEB 24 2 39 PM '94

RECORDED AT
REQUEST OF:

GARY H. OLSON

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
86	WHVN	27/56	WH6143		

- 2 • 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**

3 **118796** **TITLE COMPANY CERTIFICATION** **BOOK 14 PAGE 604**

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	BUILDING PERMIT OFFICE/PHONE NUMBER	DATE
Ken Baird	X Ken Baird out of state	507-422-9484	2/14/94

OWNER INFORMATION				FEES
COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	PLUMBING FEE

NAME OF FIRST REGISTERED OWNER	NAME OF SECOND REGISTERED OWNER
Mc Kechnie, Charlene H.	

ADDRESS OF FIRST REGISTERED OWNER	CITY	STATE	ZIP CODE
MP 0.26L Ward Road	Washougal	WA	98571

NAME OF FIRST LEGAL OWNER	MAILING ADDRESS OF FIRST LEGAL OWNER
First Independent Bank	P. O. Box 8904

CITY	STATE	ZIP CODE
Vancouver, WA		98668-8904

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR	DATE
ELIMINATION OF TITLE: X Donna Rush mgj	2-24-94

DEALER'S REPORT OF SALE	PURCHASE PRICE
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	\$

TAX JURISDICTION/TAX RATE	DATE OF SALE
Registered	2-24-94

DEALER NAME	DEALER'S AUTHORIZED SIGNATURE
	X

NOTARY OR LICENSE AGENT & NUMBER	Subscribed and Sworn to Before Me This	Residing in	USE TAX EXEMPT
X	Day of 19	County	Sale to Indian on the

- 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	OFFICER'S OPERATOR NUMBER	DATE
Angela Mosen	X Angela Mosen	30-01-08	2-22-94

- 7 **RECORDING OFFICE**
- This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
118796	Skamania	141/604	2/24/94