



MANUFACTURED HOME APPLICATION

BOOK 145 PAGE 102

FILED RECORDED & INDEXED
SKAMANIA CO. WASH
BY CLARK COUNTY-TITLE

AUG 10 4 43 PM '94

RECORDED
REQUEST OF
GARY H. OLSON

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)

120236

CCT 536125/35271

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
1993	MARLETTE	28X42	H-009181 A/B		

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 2-5-11-2-4-0115	

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.			

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
Dean A. Nygaard	X Dean A. Nygaard Bldg. Insp. Ska. Co.	427-984	5-27-94

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:
NAME OF FIRST REGISTERED OWNER TAYLOR, KRIS M.				TAYLOR, KRIS M. 42412414	
NAME OF SECOND REGISTERED OWNER TAYLOR, MIAN K.				TAYLOR, MIAN K. 431171PE	
ADDRESS OF FIRST REGISTERED OWNER MP 0.041 DOUGAN FALLS LANE				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.	
CITY	STATE	ZIP CODE			
WASHONGAL	WA	98671			
NAME OF FIRST LEGAL OWNER MEDALLION MORTGAGE				More than two registered or one legal owner? ... Please use attachment forms (TD-426-732)	
MAILING ADDRESS OF FIRST LEGAL OWNER 3835 NE Hancock, Ste. 101					
CITY	STATE	ZIP CODE			
Portland	OR	97212			
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE				DATE 6-13-94	

Anyone who knowingly makes a false statement of a material fact in connection with the sale of a vehicle, and upon conviction may be punished by a fine of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SO UNDER PENALTY OF PERJURY LAW THAT I AM AN OWNER OF THIS VEHICLE AND THE INFORMATION IS TRUE.

X *Kris M Taylor*
X *Mian K Taylor*
X *[Signature]*
NOTARY OR LICENSING AGENT SIGNATURE
X *[Signature]* Day of *May* 94

DEALER'S REPORT OF SALE	
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	
NAME	DATE OF SALE
ZY Z MOBILE HOMES, INC.	
DEALER'S AUTHORIZED SIGNATURE	
X <i>[Signature]</i>	
USE TAX EXEMPT	DATE
X	

FEES	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	Registered ☒
USE TAX	Indexed Dir ☒ Indirect ☒
SUB-AGENT FEE	Waived ☒
TOTAL FEES & TAX	\$
PURCHASE PRICE	\$36,960.00
TAX JURISDICTION/TAX RATE	
DATE OF SALE	

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	OFFICIALS OPERATOR NUMBER	DATE
Angele Mober	X <i>[Signature]</i>	3001-08	8-10-94

RECORDING OFFICE			
This form has been recorded in the county records.			
RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
120236	Skamania	145/102	8/10/94

EXHIBIT "A"

Lot 15, HIDEAWAY-II, according to the plat thereof, recorded in Book "B" of Plats, page 4, records of Skamania County, Washington.

Unofficial
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