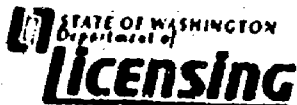


120507

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MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

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)

RECORDED AT REQUEST OF:

1 MANUFACTURED HOME

YEAR 68	MAKE COLUM	WIDTH/DEPTH 517/24	VEHICLE IDENTIFICATION NUMBER (VIN) FHU24513SK614	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
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2 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: 3-8-17-4-1600

3 TITLE COMPANY CERTIFICATION

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

NAME Skamania Co. Title	TITLE COMPANY/PHONE NUMBER 427-5681	SIGNATURE <i>[Signature]</i>	DATE 5-21-94
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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 Don A. Nygaard	SIGNATURE/TITLE <i>[Signature]</i>	BLDG PERMIT OFFICE/PHONE NUMBER Ska. Co. 427-2101	DATE 5-24-94
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5 OWNER INFORMATION

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

COUNTY #	INC	USINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF FIRST REGISTERED OWNER: Ken Michael Aman

NAME OF SECOND REGISTERED OWNER:

ADDRESS OF FIRST REGISTERED OWNER: P.O. Box 834, Stevenson, WA 98648

CITY: Stevenson STATE: WA ZIP CODE: 98648

NAME OF FIRST LEGAL OWNER:

MAILING ADDRESS OF FIRST LEGAL OWNER: Riverview Savings Bank, P.O. Box 1068, Camas, WA 98607

CITY: Camas STATE: WA ZIP CODE: 98607

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: *[Signature]* DATE: 5/24/94

FEES: FILED FOR RECORD, SKAMANIA CO. WASH, SKAMANIA CO. TITLE, MOBILE HOME FEES, ELIMINATION: 242 PH '94, USE TAX, AUDITORY, GARY M. OLSON, SURVEYOR FEES, TOTAL FEES & TAX \$

DEALER'S REPORT OF SALE

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

DEALER NAME: *[Signature]*

WA DLR NO. *[Signature]* DEALER'S AUTHORIZED SIGNATURE

PURCHASE PRICE \$

TAX JURISDICTION/TAX RATE: Registered

DATE OF SALE: *[Signature]*

INCIDENT FILED MAILED

USE TAX EXEMPT: (See to-braker on the Reservation (attach returned statement of delivery))

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 provided sufficient documentation to proceed with the recording of this form.

NAME Angela Moser	SIGNATURE <i>[Signature]</i>	OFFICE/PHONE OPERATOR NUMBER 3001-08	DATE 9-9-94
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7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER 120507	COUNTY Skamania	VOLUME/PAGE 145/781	DATE 9/9/94
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EXHIBIT "A"

A tract of land in the Southeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian described as follows:

Beginning at the Southwest corner of the Southeast quarter of Section 17; thence North 30 feet; thence East 30 feet; thence North 1,352.30 feet; thence East 208.5 feet to the initial point of the tract herein described; thence North 104.25 feet; thence East 208.5 feet; thence South 104.25 feet; thence West 208.5 feet to the initial point.

Together with 1968 Mobile Home VIN # FHU24513S6614.

Unofficial
Copy