

120556

BOOK 145 PAGE 886



## 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<br>67          | MAKE<br>BELRE | WIDTH/DEPTH<br>44/20 | VEHICLE IDENTIFICATION NUMBER (VIN)<br>S2522 | COLOR #1<br>TOP OR<br>FRONT: | COLOR #2<br>BOTTOM OR<br>REAR COLOR: |

| 2 LAND  |  |
|---|--|
| • Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.<br>• Land to which the manufactured home is being: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED |  |
| PROPERTY TAX PARCEL NUMBER<br>03-08-17-4-0-1300-00  |  |

| 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<br>X | DATE |
| 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<br>Dean A. Nygaard   | SIGNATURE/TITLE<br>X Dean A. Nygaard | BLDG PERMIT OFFICE/PHONE NUMBER<br>Bldg Insp Skamania 427-9484 | DATE<br>5-13-94 |

| 5 OWNER INFORMATION  |                                 |  |  | FEES                        |  |
|--|---------------------------------|--|--|-----------------------------|--|
| COUNTY #<br>30   | INC<br><input type="checkbox"/> | UNINC<br><input checked="" type="checkbox"/> | NUMBER OF REGISTERED OWNERS<br>1   | NUMBER OF LEGAL OWNERS<br>1 | Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:<br>PEARSON, MARY KATHLEEN |
| NAME OF FIRST REGISTERED OWNER<br>PEARSON, MARY KATHLEEN               |                                 |  | 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. |                             |  |
| NAME OF SECOND REGISTERED OWNER  |                                 |  | More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)  |                             |  |
| ADDRESS OF FIRST REGISTERED OWNER<br>MP 22 DILLINGHAM LOOP ROAD        |                                 |  | 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. |                             |  |
| CITY<br>CARSON, WA   |                                 |  | STATE<br>WA  |                             |  |
| NAME OF FIRST LEGAL OWNER<br>RIVERVIEW SAVINGS BANK                    |                                 |  | 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. |                             |  |
| MAILING ADDRESS OF FIRST LEGAL OWNER<br>P O BOX 1068                   |                                 |  | 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. |                             |  |
| CITY<br>CAMAS, WA  |                                 |  | STATE<br>WA  |                             |  |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR<br>ELIMINATION OF TITLE |                                 |  | DATE<br>5-10-94  |                             |  |

| 6 COUNTY AUDITOR/AGENCY 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. |  |                                 |  |
| SIGNATURE<br>Peggy Lowry  |  | OFFICE/PHONE NUMBER<br>30 01 06 |  |
| DATE<br>9/16/94   |  |                                 |  |

| 7 RECORDING OFFICE                                 |                    |                        |                 |
|--|--------------------|------------------------|-----------------|
| This form has been recorded in the county records. |                    |                        |                 |
| RECORDING NUMBER<br>120556                         | COUNTY<br>Skamania | VOLUME/PAGE<br>145/886 | DATE<br>9/16/94 |

EXHIBIT "A"

BEGINNING at the Southwest corner of the Southeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian; thence East 30 feet; thence North 1,536.55 feet; thence East 208.5 feet to the initial point of the tract hereby described; thence East 120.5 feet; thence North 104.25 feet; thence West 120.5 feet; thence South 104.25 feet to the initial point.

Unofficial  
Copy