



# MANUFACTURED HOME APPLICATION

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TILLS

SEP 21 2 47 PM '94

AUDITOR

GARY M. OLSON

FILED AT THE REQUEST OF:

NAME

FIRST AMERICAN TITLE

93-3855CC

ADDRESS

1014 Main Street

Vancouver, Wa. 98660

BOOK 145 PAGE 966

Please check one

120600

- ☒ 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				
TPO PLATE NUMBER X012454	YEAR 1990	MAKE GOLDW	WIDTH/LENGTH 52 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) WH9372

2 LAND	PROPERTY TAX PARCEL NUMBER 02-05-29-3-0-1300-00
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Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).  
Manufactured home will be ☒ AFFIXED ☐ REMOVED

3 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership is true and correct per the real property records.			
NAME Shelly Dorn	TITLE COMPANY PHONE NUMBER 649-4445	SIGNATURE Shelly Dorn	DATE 7-1-94

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

4 BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.			
NAME Deann A. Nygaard	SIGNATURE/TITLE X Deann A. Nygaard Bldg Insp	BLOG PERMIT OFFICE PHONE # SKA. Co	DATE 9-21-94

5 OWNER INFORMATION		FEES
COUNTY: <input type="checkbox"/> NC <input checked="" type="checkbox"/> UNIC	# REGISTERED OWNERS 2	FLING FEE
# LEGAL OWNERS 1		APPLICATION
NAME OF FIRST OWNER LOHR, FREDERICK KENT		MOBILE HOME FEES
NAME OF SECOND OWNER LOHR, TONNI M.		ELIMINATION <input checked="" type="checkbox"/>
ADDRESS OF OWNER MP .12L Jennifer Way		USE TAX <input checked="" type="checkbox"/>
CITY Washougal	STATE WA	SUB AGENT FEE
ZIP CODE 98671	OR-if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document	TOTAL FEES & TAX \$
NAME OF FIRST LEGAL OWNER MEDALLION MORTGAGE CORP.		
MAILING ADDRESS OF FIRST LEGAL OWNER 3835 NE Hancock Street, Suite 101		
CITY Portland,	STATE OR.	
ZIP CODE 97212	DEALER'S REPORT OF SALE	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY. <input checked="" type="checkbox"/>		

More than two owners or one P. holder? Please use attachment form(s) #TD-420-732.

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

Anyone who knowingly makes a false statement or 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 DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):		WASR NO	DATE OF SALE	PURCHASE PRICE \$
FREDERICK KENT LOHR		DEALER NAME	TAX JURISDICTION/TAX RATE	
TONNI M. LOHR		DEALER'S AUTHORIZED SIGNATURE		
NOTARY OR LICENSE AGENT & NUMBER Shelly Dorn		USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF July 1994		Residing in (County) Clark		

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 Angela Moser	SIGNATURE X Angela Moser	OFFICE/VFS OPERATOR NUMBER 80-01-08	DATE 9-21-94