

120661

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## MANUFACTURED HOME APPLICATION

 FILED FOR RECORD  
 SKAMANIA RECORDS & CLOCK  
 BY SKAMANIA CO. TITLE

## 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)

SEP 28 1 11 PM '94

 P. Garry  
 AUDITOR  
 CARYN OLSON

|                                                                                                                                                                                                                                                                                                                                                |                                |                             |                                                                                                                                                                  |                                                                |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1 MANUFACTURED HOME                                                                                                                                                                                                                                                                                                                            |                                |                             |                                                                                                                                                                  |                                                                |                                                                                       |
| YEAR<br>1978                                                                                                                                                                                                                                                                                                                                   | MAKE<br>HILLC                  | WIDTH/LENGTH<br>60/24       | VEHICLE IDENTIFICATION NUMBER (VIN)<br>02830382L                                                                                                                 | COLOR #1<br>TOP OR FRONT:<br>COLOR #2<br>BOTTOM OR 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                                                                                                  |                                |                             |                                                                                                                                                                  |                                                                |                                                                                       |
| 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>Ken Baird                                                                                                                                                                                                                                                                                                                              | SIGNATURE/TITLE<br>X Ken Baird |                             | BUILDING PERMIT OFFICE/PHONE NUMBER<br>509-427-9484                                                                                                              | DATE<br>9/27/94                                                |                                                                                       |
| 5 OWNER INFORMATION                                                                                                                                                                                                                                                                                                                            |                                |                             |                                                                                                                                                                  |                                                                |                                                                                       |
| COUNTY #                                                                                                                                                                                                                                                                                                                                       | INC                            | UNINC                       | NUMBER OF REGISTERED OWNERS [2]                                                                                                                                  | NUMBER OF LEGAL OWNERS                                         | FEES                                                                                  |
| NAME OF FIRST REGISTERED OWNER<br>BRIAN K. SMITH                                                                                                                                                                                                                                                                                               |                                |                             | 298,984.91 CD, 4                                                                                                                                                 |                                                                | APPLICATION                                                                           |
| NAME OF SECOND REGISTERED OWNER<br>NANCY D. SMITH                                                                                                                                                                                                                                                                                              |                                |                             | 3,868.70, 3 PD, 4                                                                                                                                                |                                                                | MOBILE HOME FEES                                                                      |
| ADDRESS OF FIRST REGISTERED OWNER<br>MP, 35 LEETE RD                                                                                                                                                                                                                                                                                           |                                |                             | 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. |                                                                | ELIMINATION                                                                           |
| CITY<br>CARSON                                                                                                                                                                                                                                                                                                                                 |                                |                             | STATE<br>WA                                                                                                                                                      |                                                                | USE TAX                                                                               |
| NAME OF FIRST LEGAL OWNER<br>RIVERVIEW SAVINGS BANK                                                                                                                                                                                                                                                                                            |                                |                             | 016201011517311                                                                                                                                                  |                                                                | SUB-AGENT FEES                                                                        |
| MAILING ADDRESS OF FIRST LEGAL OWNER<br>P.O. BOX 1068                                                                                                                                                                                                                                                                                          |                                |                             | More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)                                                                        |                                                                | TOTAL FEES & TAX                                                                      |
| CITY<br>CAMAS                                                                                                                                                                                                                                                                                                                                  |                                |                             | STATE<br>WA                                                                                                                                                      |                                                                |                                                                                       |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X                                                                                                                                                                                                                                                                         |                                |                             | DATE<br>9/28/94                                                                                                                                                  |                                                                |                                                                                       |
| Anyone who knowingly makes a false statement of 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. I, the undersigned, DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THE INFORMATION IS ACCURATE. (Title) |                                |                             | DEALER'S REPORT OF SALE<br>I certify that this information is correct. The vehicle is clear of encumbrances except as shown.                                     |                                                                | PURCHASE PRICE<br>\$                                                                  |
| X Notary Public<br>X Debby J. [Signature]<br>Notary or Licensing Agent and Sworn to Before Me This Day of SEPTEMBER 1994                                                                                                                                                                                                                       |                                |                             | DEALER NAME<br>WA DLR NO.<br>DEALER'S AUTHORIZED SIGNATURE<br>X<br>Residing in CLARK County                                                                      |                                                                | TAX JURISDICTION/TAX RATE<br>DATE OF SALE<br>Indirect<br>Indirect<br>Filled<br>Mailed |
| 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<br>Angela Moser                                                                                                                                                                                                                                                                                                                           |                                | SIGNATURE<br>X Angela Moser |                                                                                                                                                                  | OFFICE/APS OPERATOR NUMBER<br>30-01-08                         | DATE<br>9/28/94                                                                       |
| 7 RECORDING OFFICE                                                                                                                                                                                                                                                                                                                             |                                |                             |                                                                                                                                                                  |                                                                |                                                                                       |
| This form has been recorded in the county records.                                                                                                                                                                                                                                                                                             |                                |                             |                                                                                                                                                                  |                                                                |                                                                                       |
| RECORDING NUMBER<br>120661                                                                                                                                                                                                                                                                                                                     |                                | COUNTY<br>Skamania          |                                                                                                                                                                  | VOLUME/PAGE<br>146/84                                          | DATE<br>9/28/94                                                                       |

EXHIBIT "A"

Beginning at a point 990 feet North and 20 feet East from the West Quarter Corner of Section 14, Township 4 North, Range 7 East of the Willamette Meridian, Skamania County, Washington; thence North 210 feet; thence East 970 feet; thence South 210 feet; thence West 970 feet to the Point of Beginning.

Unofficial  
Copy