



# MANUFACTURED HOME APPLICATION

BOOK 147 PAGE 382

Please check one

- ☒ **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)

121217

FILED TO RECORD SKAHANIA CO. WASH BY SKAHANIA CO. TITLE DEC 9 11 31 AM '94 P. Johnson AUDITOR GARY M. OLSON	FILED AT THE REQUEST OF: NAME ADDRESS INDEXED FILED MAILED
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1 MANUFACTURED HOME			
TP/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1991	Fleetwood	28x48
VEHICLE IDENTIFICATION NUMBER (VIN)			WAFL131A09336WC

2 LAND	
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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 03-08-20-1-4-0206-00	

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	TITLE COMPANY PHONE NUMBER	SIGNATURE	DATE
		X	
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	SIGNATURE/TITLE	BUILDING PERMIT OFFICE PHONE #	DATE
Ken Baird	X Ken Baird	509/421-9484	11/15/94

5 OWNER INFORMATION			
COUNTY	INC	UNINC	REGISTERED OWNERS
	<input type="checkbox"/>	<input type="checkbox"/>	2
LEGAL OWNERS		1	
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			
NAME OF FIRST OWNER		MCCART3496PQ	APPLICATION
Thomas J. McCartan			
NAME OF SECOND OWNER		MCCARJW429LP	MOBILE HOME FEES
Janet W. McCartan			
ADDRESS OF OWNER			ELIMINATION
P.O. Box 157			
CITY	STATE	ZIP CODE	USE TAX
Stevenson	WA	98648	
NAME OF FIRST LEGAL OWNER			SUB AGENT FEES
Norwest Mortgage			
MAILING ADDRESS OF FIRST LEGAL OWNER			TOTAL FEES & TAX
10121 SE Sunnyside Road # 200			
CITY	STATE	ZIP CODE	
Clackamas	OR	97015	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY. X Janet Jones		DEALER'S REPORT OF SALE	
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			

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 (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):			WALDR NO	DATE OF SALE	PURCHASE PRICE
X Thomas J. McCartan					\$
X Janet W. McCartan			DEALER NAME		TAX JURISDICTION/TAX RATE
X Janet Jones			DEALER'S AUTHORIZED SIGNATURE		
X Janet Jones				<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)	
NOTARY ON LICENSE AGENT & MEMBER			SUBSCRIBED TO AND SWORN BEFORE ME THIS		
x Deb J. Bussan			15th DAY OF NOVEMBER 1994		
Residing in (County)			CLARK		

6 COUNTY AGENT/AGENT 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	OFFICE/VFS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	12/09/94

EXHIBIT "A"

Lot 5, Newman Subdivision, according to the recorded Plat thereof,  
recorded in Book B of Plats, Page 67 in the County of Skamania, State  
of Washington.

Unofficial  
Copy