



MANUFACTURED HOME APPLICATION

Please check one

121273

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- ☒ 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)

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME
Chicago Title
K66339DS
ADDRESS
10501 NE HWY 99 #39
Vancouver, WA 98686

1 MANUFACTURED HOME

TPO PLATE NUMBER	YEAR 95	MAKE Guerdon	WIDTH/LENGTH 56/42	VEHICLE IDENTIFICATION NUMBER (VIN)
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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 or it may be typed or printed on an Additional Attachment Form (TD-420-732).
Manufactured home will be ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
02-05-29-0-0-0607-00

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 X	DATE
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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 Ken Baird	SIGNATURE/TITLE X Ken Baird, Self Inspect (509) 427-7181	BUILDING PERMIT OFFICE/PHONE #	DATE 11/8/94
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5 OWNER INFORMATION

COUNTY: <input type="checkbox"/> IN <input checked="" type="checkbox"/> WA	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
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NAME OF FIRST OWNER Thomas Joe Dilley		
NAME OF SECOND OWNER Marilee J. Dilley		
ADDRESS OF OWNER M.P. 0.54 R Barbara Ln		
CITY Washougal	STATE WA	ZIP CODE 98671

NAME OF FIRST LEGAL OWNER Washington Mutual Savings Bank		
MAILING ADDRESS OF FIRST LEGAL OWNER 5335 SW Meadows Rd #161 / LOS01CS		
CITY Lake Oswego	STATE OR	ZIP CODE 97035

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY. *Patricia A. Stevenson*

OR: if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.

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

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 AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s):

X Thomas Joe Dilley
X Marilee J. Dilley

WA DLR NO. 1538	DATE OF SALE 10-3-94	PURCHASE PRICE \$58,131.00
DEALER NAME SMS Mobile Homes Inc		TAX JURISDICTION/TAX RATE 17.0%

DEALER'S AUTHORIZED SIGNATURE
X Bruce Smith
☐ USE TAX EXEMPT Sale to a Certified Tribal member for the reservation (attach notarized statement of delivery)

NOTARY OR LICENSE AGENT & NUMBER X Arund Stordahl	SUBSCRIBED TO AND SWORN BEFORE ME THIS 30 DAY OF June 1994	Residing in (County) Clark
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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 funds to proceed with the recording of this form.

NAME BLOPELAND	SIGNATURE BLOPELAND	OFFICE VFS OPERATOR NUMBER 060115	DATE 11-16-94
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EXHIBIT "A"

Lot 6, BUIHMAN HEIGHTS, according to the plat thereof, recorded
in Book B, Page 20, in the County of Skamania, State of Washington.

Unofficial
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