



121300

BOOK 147 PAGE 553

MANUFACTURED HOME APPLICATION

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)

RECORDER'S CLOCK

RECORDED AT
REQUEST OF:

| 1 MANUFACTURED HOME | | | | | |
|---------------------|-------|--------------|-------------------------------------|------------------------------|--------------------------------------|
| YEAR | MAKE | WIDTH/LENGTH | VEHICLE IDENTIFICATION NUMBER (VIN) | COLOR #1 TOP OR FRONT: | COLOR #2 BOTTOM OR REAR COLOR: |
| 87 | GOLDN | 56/27 | 8D6399 | | |

| 2 LAND | |
|---|--|
| • Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office. | |
| • Land to which the manufactured home is being: | <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED |
| PROPERTY TAX PARCEL NUMBER 03-08-28-1-2-0300-00 | |

| 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 | DATE |
| | | X | |
| 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 | SIGNATURE/TITLE | BUILDING PERMIT OFFICE/PHONE NUMBER | DATE |
| Ken Baird | X Ken Baird out Belingh | 509/427-9484 | 12/16/94 |

| 5 OWNER INFORMATION | | | |
|--|-------|----------|-----------------------------|
| COUNTY # | INC | UNINC | NUMBER OF REGISTERED OWNERS |
| | | | |
| NAME OF FIRST REGISTERED OWNER FREDERICK A. NEWMAN | | | |
| NAME OF SECOND REGISTERED OWNER DOLLY M. NEWMAN | | | |
| ADDRESS OF FIRST REGISTERED OWNER M P O.11 SZYDLO ROAD | | | |
| CITY | STATE | ZIP CODE | |
| CARSON | WA | 98610 | |
| NAME OF FIRST LEGAL OWNER FIRST INDEPENDENT BANK | | | |
| MAILING ADDRESS OF FIRST LEGAL OWNER P O BOX 340 | | | |
| CITY | STATE | ZIP CODE | |
| STEVENSON, | WA | 98648 | |
| * SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR [DATE] | | | |
| ELIMINATION OF TITLE: X <i>Donna Bush</i> | | | |
| Please provide the Department of Licensing (DOL) with "NUMBER" for each owner: 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. 01650099902 | | | |
| More than two registered or one legal owner? ... Please use attachment forms (TD-420-732) | | | |
| FILING FEE FILED FOR RECORD SKAMANIA CO. WASH BY SKAMANIA CO. ITL DEC 21 9 59 AM '94 AUDITOR GARY M. OLSON | | | |
| TOTAL FEES & TAX \$ | | | |

| | | | | | |
|---|--|---|--|----------------------|--|
| 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 4B.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: (Title) | | DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. | | PURCHASE PRICE \$ | |
| DEALER NAME | | DATE OF SALE | | REGISTERED | |
| WA DLR NO. | | DEALER'S AUTHORIZED SIGNATURE | | Indexed, Cir | |
| X | | X | | Indirect | |
| NOTARY OR LICENSING AGENT'S SIGNATURE and Sworn to Before Me This [Date] Day of [Month] 19[Year] | | Residing in [County] | | Filed | |
| X <i>Michelle</i> | | X <i>Skamania</i> | | Noted | |
| USE TAX EXEMPT Sale to Indian or Reservation (attach notarized statement of delivery) | | | | | |

| 6 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 | SIGNATURE | OFFICE/VFS OPERATOR NUMBER | DATE |
| Angela Moser | X Angela Moser | 30-01-08 | 12/21/94 |
| 7 RECORDING OFFICE | | | |
| This form has been recorded in the county records. | | | |
| RECORDING NUMBER | COUNTY | VOLUME/PAGE | DATE |
| 121300 | Skamania | 147/553 | 12/21/94 |

EXHIBIT "A"

PARCEL 1

A tract of land the northwest Quarter of the northeast Quarter of Section 28, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Beginning at a point 682 feet West and 30 feet South of the northeast corner of the Northwest quarter of the Northeast Quarter of said Section 30; thence West 156 feet; thence South 264 feet; thence East 156 feet; thence North 254 feet to the place of beginning.

PARCEL 2

A parcel of land located in the northwest Quarter of the Northeast Quarter of the northwest Quarter of Section 28, Township 3 North, range 8 East of the Willamette meridian, Skamania County, Washington described as commencing at a point 682 feet West and 294 feet South of the Northeast corner of the Northwest Quarter of said Section 28 and running thence West 156 feet; thence South 139.06 feet; thence East 156 feet to the West line of Peyrollez Road; thence North along said West line 139.06 feet to the Point of Beginning.