



MANUFACTURED HOME APPLICATION

121528

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)

RECEIVED FOR RECORD
 SKAMANIA CO. WASH
 BY SKAMANIA CO. TITLE
 Jan 26 9 20 AM '95
 P. Johnson
 AUDITOR

FILED AT THE REQUEST OF:

NAME

ADDRESS

Indirect

Indirect

Indirect

Indirect

Indirect

Indirect

1 MANUFACTURED HOME

TYPE/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1995	Fleetwood	28x56	ORFLR48AB19159-OG

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

03-10-22-0-0-0196-00

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
Dean A. Hygaard	X Dean A. Hygaard / Bldg. Insp	Sk Co 427-9484	1-24-94

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FILING FEE
	☒	☐	2	1		

NAME OF FIRST OWNER	MILLEAD356NW	APPLICATION
Andrew D. Miller		
NAME OF SECOND OWNER	MILLEEW356OR	MOBILE HOME FEES
Ellen W. Miller		
ADDRESS OF OWNER		ELIMINATION
P.O. Box 103		
CITY	STATE	ZIP CODE
Bingen	WA	98605
NAME OF FIRST LEGAL OWNER*		USE TAX
Norwest Mortgage		
MAILING ADDRESS OF FIRST LEGAL OWNER		SUB-AGENT FEES
1312 Main Street		
CITY	STATE	ZIP CODE
Vancouver	WA	98660
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY. X Angela Moser		TOTAL FEES & TAX
		\$

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.

WA DLR NO	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE		
X		
☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSING AGENT SIGNATURE: *Angela Moser*
 SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF JANUARY 1995 CLARK

6 COUNTY 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	1-26-95

Lot 2, Howard Sooter Short Plat, according to the Plat thereof,
recorded in Book 3, Page 87, Skamania County Short Plat Records.

BOOK 748 PAGE 24

NOTE: Investigation should be made to determine if there are any service, installation, maintenance or construction charges for
sewer, water, telephone, gas, electricity or garbage and refuse collection, or any covenants, conditions and restrictions under
which an estate, lien or interest in property has been, or may be, cut off, subordinated or otherwise impeded.

CONTINUED --

Unofficial
Copy