



122458

MANUFACTURED HOME
APPLICATION

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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)

RECORDED'S CLOCK
FILED FOR RECORD
SKAGHANIA CO. WASH
BY SKAGHANIA CO. TITLE

JUN 1 9 28 AM '95

P. Garry
AUDITOR

FILED AT THE REQUEST OF:

NAME

ADDRESS

1 MANUFACTURED HOME

TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1977	Corin	56/24	GARY H. OLSON 93214

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

-3-10-22-4-1-0100-00

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.

BLDG PERMIT #

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	DATE
Don A. Nygaard	X Don A. Nygaard Bldg Insp	Skag Co 427-9484	3-3-95

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:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	1	

FEES

NAME OF FIRST OWNER

Robert H. Meresse

NAME OF SECOND OWNER

Susan P. Meresse

ADDRESS OF OWNER

P.O. Box 379

CITY

White Salmon

STATE

WA

ZIP CODE

98672

NAME OF FIRST LEGAL OWNER

Riverview Savings Bank

MAILING ADDRESS OF FIRST LEGAL OWNER

P.O. Box 1068

CITY

Camas

STATE

WA

ZIP CODE

98607

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Susan P. Meresse

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

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

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.

DATE OF SALE

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

Residing in (County)

White Salmon

DATE

6/1/95

OFFICE/VEHICLE OPERATOR NUMBER

30-01-08

DATE

6/1/95

NAME

Angela Moser

OFFICE/VEHICLE OPERATOR NUMBER

30-01-08

DATE

6/1/95

NAME

Angela Moser

OFFICE/VEHICLE OPERATOR NUMBER

30-01-08

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30-01-08

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6/1/95

NAME

Angela Moser

OFFICE/VEHICLE OPERATOR NUMBER

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DESCRIPTION:

Lot 1 Constant Oak Subdivision, according to the recorded plat thereof, recorded in Book B of Plats, Page 56, in the County of Skamania, State of Washington.