



# MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

BOOK 151

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Please check one

123056

- ☒ 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)

## 1 MANUFACTURED HOME

TYPE/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
036146	1991	Fleet	52/58	WAFL31A09261WCAB

## 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

03-08-17-3-0-0702-00

## 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
Ken Baird	Ken Baird	X (509) 427-9484	7/24/94

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
	X		

## 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 type="checkbox"/>	<input type="checkbox"/>			

### FEES

FILING FEE

FILED FOR RECORD

SPokane Co. Wash.

BY KARLINA CO. TID

MOBILE HOME FEES

Aug 16 2 55 PM '95

ELIMINATION

USE TAX

AUDITOR

GARY M. OLSON

SUB-AGENT FEES

TOTAL FEES &amp; TAX

\$

NAME OF FIRST OWNER

Lester Radach

NAME OF SECOND OWNER

Katherin Radach

ADDRESS OF OWNER

131 Fuller Road

CITY

Carson

STATE

WA

ZIP CODE

98610

NAME OF FIRST LEGAL OWNER

Norwest Mortgage

MAILING ADDRESS OF FIRST LEGAL OWNER

16701 SE McGillivray #110

CITY

Carson

STATE

WA

ZIP CODE

98607

STATEMENT OF DEED OR OTHER INSTRUMENT FOR ELIMINATION OF TITLE/REMOVAL

FROM REAL PROPERTY

--OR-- if the owner is a business, provide the United 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 provides false information on this form is guilty of a felony, and upon conviction may be imprisoned for 5 years and/or fined \$5,000 and/or 10 years imprisonment (RCW 4B.12.210). I DO SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THE VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DLR NO

DATE OF SALE

PURCHASE PRICE

\$

Indexed, Unr

TAX JURISDICTION TAX RATE

Highest

Signed

Witness

DEALER NAME

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 &amp; NUMBER

X Deb. J. Blanton

SUBSCRIBED TO AND SWORN BEFORE ME THIS

11th DAY OF JUNE

1995

Residing in (County)

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 documentation to proceed with the recording of this form.

NAME	SIGNATURE	OFFICE/VIS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	8/16/95

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A tract of land in the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Terry and Sonja Rodgers Short Plat, recorded in Book 3 of Short Plats, Page 198, Skamania County Records.