



## MANUFACTURED HOME APPLICATION

FILED FOR RECORD  
RECORDED'S CLERK  
BY SEANAMIA CO. TITLE

SEP 7 4 15 PM '95

RECORDED BY  
EDITOR

GARY M. OLSON

## 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)

|   |              |                 |                       |                                                       |                                  |                                          |
|---|--------------|-----------------|-----------------------|-------------------------------------------------------|----------------------------------|------------------------------------------|
| 1 | YEAR<br>1995 | MAKE<br>MARLENE | WIDTH/LENGTH<br>42x66 | VEHICLE IDENTIFICATION NUMBER (VIN)<br>H-010401 A/B/C | COLOR #1<br>TOP OR<br>FRONT:<br> | COLOR #2<br>BOTTOM OR<br>REAR COLOR:<br> |
|---|--------------|-----------------|-----------------------|-------------------------------------------------------|----------------------------------|------------------------------------------|

|                                                                                                                                                                                                                                               |        |      |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|---------------------------------------------------|
| 2                                                                                                                                                                                                                                             | 123258 | LAND | BOOK 755, PAGE 293                                |
| • Attach a copy of the legal description of your land. It can be obtained from your County Assessor's Office.<br>• Land to which the manufactured home is being: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED |        |      | PROPERTY TAX PARCEL NUMBER<br>0307-36-1-3-2400-00 |

|                                                                                                                                            |                             |                |      |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|------|
| 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<br>X | DATE |
| 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<br>Frank Finch                                                                                                                                                                               | SIGNATURE<br>[Signature]             | BUILDING PERMIT OFFICE/PHONE NUMBER<br>509-477-5970 | DATE<br>8-25-95 |

|                                                                                  |                                                                                    |                                                        |                                                   |                                                                                |                          |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|--------------------------|
| 5                                                                                | COUNTY # <input checked="" type="checkbox"/> KING <input type="checkbox"/> LINCOLN | NUMBER OF REGISTERED OWNERS <input type="checkbox"/> 1 | NUMBER OF LEGAL OWNERS <input type="checkbox"/> 1 | Please provide the Department of Licensing (DOL) with "NUMBER" for each owner: | FEES                     |
| NAME OF FIRST REGISTERED OWNER<br>JAMES C. WALTON                                |                                                                                    |                                                        |                                                   |                                                                                | APPLICATION              |
| NAME OF SECOND REGISTERED OWNER                                                  |                                                                                    |                                                        |                                                   |                                                                                | MOBILE HOME FEE          |
| ADDRESS OF FIRST REGISTERED OWNER<br>841 LOOP ROAD                               |                                                                                    |                                                        |                                                   |                                                                                | ELIMINATION REG. SERVICE |
| CITY<br>STEVENSON                                                                |                                                                                    |                                                        |                                                   |                                                                                | INDEXED. OY              |
| STATE<br>WA                                                                      |                                                                                    |                                                        |                                                   |                                                                                | USE TAX                  |
| ZIP CODE<br>98648                                                                |                                                                                    |                                                        |                                                   |                                                                                | FILED                    |
| NAME OF FIRST LEGAL OWNER<br>WESTERN SUNRISE MORTGAGE                            |                                                                                    |                                                        |                                                   |                                                                                | SUB-AGENT FEE            |
| MAILING ADDRESS OF FIRST LEGAL OWNER<br>2365 SUNRISE BLVD #101                   |                                                                                    |                                                        |                                                   |                                                                                | MAILED                   |
| CITY<br>RANCHO CORDOVA                                                           |                                                                                    |                                                        |                                                   |                                                                                | TOTAL FEES & TAX         |
| STATE<br>CA                                                                      |                                                                                    |                                                        |                                                   |                                                                                | \$                       |
| ZIP CODE<br>95742                                                                |                                                                                    |                                                        |                                                   |                                                                                |                          |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: [Signature] |                                                                                    |                                                        |                                                   |                                                                                |                          |

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction is subject to a fine of up to \$5,000 and/or 10 years imprisonment. I, the undersigned, DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THE INFORMATION IS ACCURATE.

X [Signature]  
X [Signature]  
X [Signature]

Subscribed and Sworn to before me this 25th Day of FEBRUARY 1995

## DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME: [Blank]

DATE OF SALE: [Blank]

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

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USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

USE TAX EXEMPT: ☒ YES ☐ NO

|                                                                                                                                                                           |                                                                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|--|
| 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 documentation to proceed with the recording of this form. |                                                                             |  |  |

|                      |                          |                 |                |
|----------------------|--------------------------|-----------------|----------------|
| NAME<br>Angela Moser | SIGNATURE<br>[Signature] | DATE<br>8-20-95 | DATE<br>9/7/95 |
|----------------------|--------------------------|-----------------|----------------|

|   |                                                    |  |  |
|---|----------------------------------------------------|--|--|
| 7 | This form has been recorded in the county records. |  |  |
|---|----------------------------------------------------|--|--|

|                            |                |
|----------------------------|----------------|
| RECORDING NUMBER<br>123258 | DATE<br>9/7/95 |
|----------------------------|----------------|

EXHIBIT "A"

All that portion of Lot 2 of Skamania Light & Power Company's Electric Addition according to the official plat thereof, recorded in Book A of Plats, Page 42, Records of Skamania County, Washington, in Section 36, Township 3 North, Range 7 East of the Willamette Meridian, lying Southerly of the right-of-way for that certain county road formerly designated as the Rock Creek Road now designated as the Loop Road.

Unofficial  
Copy

03-05-29  
4-1-1940  
~~1-1-1940~~  
4-25

Unofficial  
Copy