



123643

MANUFACTURED HOME
APPLICATION

BOOK 153 PAGE 235

FILED FOR RECORD
SKAHANIA CO. WASH
BY SKAHANIA CO. TITLE

FILED AT THE REQUEST OF:

NAME

ADDRESS

Oct 26 1 24 PM '95

J. Laury
AUDITOR

GARY M. OLSON

VEHICLE IDENTIFICATION NUMBER (VIN)
01910161HAB

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)

1 MANUFACTURED HOME

TPO/PLATE NUMBER 105094 YEAR 1995 MAKE SK-1LN WIDTH/LENGTH 56 X 28

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

01-05-06-40-0105

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 X DATE

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 Ken Baird SIGNATURE/TITLE X Ken Baird Bldg Inspector BLDG PERMIT OFFICE PHONE # 509-427-9484 DATE 7/6/95

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:

FEES

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.

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 \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO NOT MAKE ANY STATEMENT OF FACT OR OPINION THAT I AM NOT AWARE OF. I AM NOT AWARE OF ANY OTHER FACTS THAT WOULD AFFECT THE VALUE OF THE VEHICLE AND THIS INFORMATION IS ACCURATE.

WADEN

DATE OF SALE

PURCHASE PRICE

DEALER NAME

DATE OF SALE

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

DATE

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

NOTARY OR LICENSE AGENT OF WASHINGTON

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (County)

X Deb J. Bannin DEPT. T. BANNIN 19th DAY OF APRIL 1995

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 Angela Mason SIGNATURE X Angela Mason OFFICE/VEHICLE OPERATOR NUMBER 30-01-08 DATE 10/26/95

Lot 3, WARD ACRES ANNEX, according to the recorded plat thereof, recorded in Book A of Plats, Page 152, in the County of Skamania, State of Washington.

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Unofficial
Copy