

BOOK 153 PAGE 312



☒ **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 & INDEXED FILED FOR RECORD SKAMANIA CO. WASH BY SKAMANIA CO. TELL Oct 31 11 31 AM '95 O'Leary AUDITOR	FILED AT THE REQUEST OF: NAME  ADDRESS
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1 MANUFACTURED HOME		ADDRESSES	
TPO/PLATE NUMBER 04117	YEAR 1973	MAKE 10 FRNTR	WIDTH/LENGTH 60/24C2T
2 LAND		VEHICLE IDENTIFICATION NUMBER (VIN) 4808	
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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		PROPERTY TAX PARCEL NUMBER 01-05-0640-0101-00	
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 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.			BUILD PERMIT #
NAME RODNEY CARR	SIGNATURE/TITLE X Rodney D. Carr	BUILD PERMIT OFFICE/PHONE # 427-9484	DATE 10-31-95
5 OWNER INFORMATION			FEES
COUNTY # INC. <input checked="" type="checkbox"/> UNINC. <input type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
NAME OF FIRST OWNER DONALD F. SIEHL			FILING FEE
NAME OF SECOND OWNER PATSY S. SIEHL			APPLICATION
ADDRESS OF OWNER MP 0 OVR WARD ROAD			MOBILE HOME FEES
CITY WASHOUGAL	STATE WA	ZIP CODE 98671	ELIMINATION
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK			USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068			SUB-AGENT FEES
CITY CAMAS	STATE WA	ZIP CODE 98607	TOTAL FEES & TAX \$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X [Signature]			DEALER'S REPORT OF SALE
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 up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM ONE OF THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s): X [Signature] X [Signature] X [Signature]			More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.
WADLR NO			DATE OF SALE Indirect <input checked="" type="checkbox"/> Indirect <input checked="" type="checkbox"/> Financed <input type="checkbox"/> Noted
DEALER NAME			PURCHASE PRICE \$
DEALER'S AUTHORIZED SIGNATURE X			TAX JURISDICTION/TAX RATE
NOTARY OR LICENSING AGENT & M... X [Signature]			<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)
SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF OCTOBER 1995			Residing in (County)
6 COUNTY LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)			
I certify that the application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.			
NAME Angela Moser	SIGNATURE X Angela Moser	OFFICE/VFS OPERATOR NUMBER 30-01-08	DATE 10/31/95

A tract of land in the West half of the Southwest Quarter of the Southeast Quarter of Section 6, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the WOLFE SHORT PLAT, recorded in Book 2 of Short Plats, Page 206, Skamania County Records. BOOK 153 PAGE 313

Unofficial  
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