



123679
**MANUFACTURED HOME
 APPLICATION**

BOOK 153 PAGE 316

RECEIVED BY RECORD SKAMANIA CO. WASH BY SKAMANIA CO. TITLE OCT 31 11 36 AM '95 P. Young AUDITOR	FILED AT THE REQUEST OF: NAME ADDRESS
--	---

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				GARY H. OLSON
TP/PLATE NUMBER %025711	YEAR 1991	MAKE OVERD	WIDTH x LENGTH 26 x 52	VEHICLE IDENTIFICATION NUMBER (VIN) 6D5TOR219114148

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
03-10-22-0-0-018500

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.

NAME RODNEY CARR	SIGNATURE/TITLE X Rodney D. Carr	BLDG PERMIT OFFICE/PHONE # 422 9484	DATE 10-31-95
---------------------	-------------------------------------	--	------------------

5 OWNER INFORMATION

COUNTY # <input checked="" type="checkbox"/> INC <input type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FEES
NAME OF FIRST OWNER GARY D. MICHAELSON				FLING FEE
NAME OF SECOND OWNER CHERI E. MICHAELSON				APPLICATION
ADDRESS OF OWNER 62 COOPER AVENUE				MOBILE HOME FEES
CITY UNDERWOOD	STATE WA	ZIP CODE 98651	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	ELIMINATION
NAME OF FIRST LEGAL OWNER BANK OF AMERICA				USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER 21000 NW EVERGREEN PARKWAY				SUB-AGENT FEES
CITY HILLSBORO	STATE OR	ZIP CODE 97124	More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	TOTAL FEES & TAX \$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Kelly J. Tuttle				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 4B.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DLR NO	DATE OF SALE Included	PURCHASE PRICE \$
DEALER NAME Included	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE X		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSING AGENT NUMBER
X Notary Public

SUBSCRIBED TO AND SWORN BEFORE ME THIS
DAY OF SEPTEMBER 1995

6 COUNTY AUDITOR/LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

I certify that the information 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/FS OPERATOR NUMBER 20-01-08	DATE 10/31/95
----------------------	-----------------------------	---------------------------------------	------------------

Lot 5, Elva Sooter Subdivision, according to the plat thereof,
recorded in Book B, Page 59, in the County of Skamania, State of
Washington.

BOOK 153 PAGE 317

Unofficial
Copy