



123679
MANUFACTURED HOME
APPLICATION

BOOK 153 PAGE 316

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)

RECEIVED BOOK RECORD SKAMIA CO. WASH BY SKAMIA CO. TITLE OCT 31 11 36 AM '95 P. Young AUDITOR	FILED AT THE REQUEST OF: NAME ADDRESS
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1 MANUFACTURED HOME			
TYPE/PLATE NUMBER %025711	YEAR 1991	MAKE OVERD	WIDTH/LENGTH 26 X 52
			VEHICLE IDENTIFICATION NUMBER (VIN) 6D5TOR219114148

2 LAND	PROPERTY TAX PARCEL NUMBER 03-10-22-0-0-01850
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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

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	BUILDING PERMIT OFFICE/PHONE # 422 9484	DATE 10-31-95

5 OWNER INFORMATION				FEES	
COUNTY # <input checked="" type="checkbox"/> INC <input type="checkbox"/> UNINC	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FILING FEE	
NAME OF FIRST OWNER GARY D. MICHAELSON				APPLICATION	
NAME OF SECOND OWNER CHERI E. MICHAELSON				MOBILE HOME FEES	
ADDRESS OF OWNER 62 COOPER AVENUE				ELIMINATION	
CITY UNDERWOOD				USE TAX	
STATE WA				SUB-AGENT FEES	
ZIP CODE 98651					
NAME OF FIRST LEGAL OWNER BANK OF AMERICA				TOTAL FEES & TAX	
MAILING ADDRESS OF FIRST LEGAL OWNER 21000 NW EVERGREEN PARKWAY				\$	
CITY HILLSBORO					
STATE OR					
ZIP CODE 97124					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Kelly D. Carr				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 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/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: X Cheri E. Michaelson X Gary D. Michaelson X Kelly D. Carr NOTARY X Kelly D. Carr NOTARY OR LICENSING AGENT NUMBER X Kelly D. Carr	WA DLR NO	DATE OF SALE 10-31-95	PURCHASE PRICE \$
	DEALER NAME	INCORPORATED	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)		
SUBSCRIBED TO AND SWORN BEFORE ME THIS 10th DAY OF SEPTEMBER 1995 Residing in (County)			

6 COUNTY AUDITOR/LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)			
I certify that the above 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/VS OPERATOR NUMBER 30-01-08	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.

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Unofficial
Copy