



123688  
MANUFACTURED HOME  
APPLICATION

BOOK 153 PAGE 345

RECORDER'S CLOCK FILED FOR RECORD SKAMANIA CO. WASH BY SKAMANIA CO. TITL	FILED AT THE REQUEST OF: NAME ADDRESS
Nov 1 12 43 PM '95 P. Lowry AUDITOR	
GARY M. OLSON	VEHICLE IDENTIFICATION NUMBER (VIN) #02910423K

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)

<b>1 MANUFACTURED HOME</b>			
TPO-PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	77	HILLCREST	24 x 64

<b>2 LAND</b>		PROPERTY TAX PARCEL NUMBER 03-08-21-3-0-0900-00
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

**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
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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 Ken Baird	SIGNATURE/TITLE X Ken Baird Bldg. Inspector (509) 427-9484	BLDG PERMIT #	DATE 7/24/95
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**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
	<input type="checkbox"/>	<input type="checkbox"/>				APPLICATION
NAME OF FIRST OWNER BESSIE L. JARRELL					JARREBLG4009	MOBILE HOME FEES
NAME OF SECOND OWNER						ELIMINATION
ADDRESS OF OWNER P O BOX 793					OR - if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document	USE TAX
CITY	STATE	ZIP CODE				SUB AGENT FEES
CARSON	WA	98610				
NAME OF FIRST LEGAL OWNER MEDALLION MORTGAGE COMPANY					More than two owners or one lenderholder? Please use attachment form(s) #TD-420-732.	TOTAL FEES & TAX
MAILING ADDRESS OF FIRST LEGAL OWNER 3835 NE HANCOCK STREET, SUITE 101						\$
CITY	STATE	ZIP CODE				
PORTLAND, OR 97212						
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY X <i>[Signature]</i>					<b>DEALER'S REPORT OF SALE</b>	
					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 up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):

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

NOTARY PUBLIC LICENSE AGENT'S NUMBER

*[Signature]* SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF March 19 95 Residing in (County) Skamania

**6 COUNTY AUDITOR/AGENT'S APPROVAL: (Not for use by Sub-Agents)**

I certify that the above application steps have been completed correctly, and the applicant has sufficient documentation to proceed with the recording

NAME Peggy Lowry	OFFICE/VFS OPERATOR NUMBER 30 01 06	DATE 10/1/95
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Lot 3 of Wells Home Sites, according to the official plat thereof  
on file and of record at Page 102, Book A of Plats, Records of  
Skamania County, State of Washington. BOOK 153 PAGE 346

Unofficial  
Copy