



123972
MANUFACTURED HOME
APPLICATION

BOOK 154 PAGE 74

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)

RECORDER'S CLOCK

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

Dec 6 - 11 20 AM '95

FILED AT THE REQUEST OF:

NAME

ADDRESS

1 MANUFACTURED HOME

TYPE/PLATE NUMBER YEAR MAKE WIDTH/LENGTH VIN
9/131853 1996 HOMELVILERS 56'-2" 8 GARY M. OLSON 1215

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

03-07-3620-0501-00

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 DATE
X

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.

BUILDING PERMIT #

NAME SIGNATURE/TITLE BUILDING PERMIT OFFICE/PHONE # DATE
RODNEY D. CARR X Rodney D. Carr 425-94184 12-5-95

5 OWNER INFORMATION

COUNTY INC/LAND # REGISTERED OWNERS # LEGAL OWNERS Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

FEE

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

\$

NAME OF FIRST OWNER

JAMES E. MEDLER

NAME OF SECOND OWNER

NANCY MEDLER

ADDRESS OF OWNER

P.O. BOX 360

CITY

STEVENSON

STATE

WA

ZIP CODE

98648

NAME OF FIRST LEGAL OWNER

RIVERVIEW SAVINGS BANK

MAILING ADDRESS OF FIRST LEGAL OWNER

P.O. BOX 1068

CITY

CAMAS

STATE

WA

ZIP CODE

98607

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY. *[Signature]*

--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.

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 up to \$5,000 and/or 10 years imprisonment (RCW 4B 12 210) I DO SOLEMNLY STATE UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS OF THE VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DLR NO

DATE OF SALE

PURCHASE PRICE

DEALER NAME

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

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

NOTARY OR LICENSING AGENT SIGNATURE

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (County)

[Signature] DAY OF SEPTEMBER 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 SIGNATURE OFFICE/VFS OPERATOR NUMBER DATE
[Signature] X *[Signature]* 38-01-08 12-6-95

Part of Lot 3, IGNAZ WACHTER SUBDIVISION, according to the plat thereof, recorded in Book A, Page 30, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the JAY JOHNSON SHORT PLAT, recorded in Book 3 of Short Plats, Page 235, Skamania County records.

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Unofficial
Copy