



123972
MANUFACTURED HOME APPLICATION

BOOK 154 PAGE 74

RECORDER'S CLOCK FILED FOR RECORD SKAMANIA CO. WASH BY SKAMANIA CO. TITLE Dec 6 - 11 20 AM '95 P. Lowry AUDITOR	FILED AT THE REQUEST OF: NAME ADDRESS
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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				
TPO/PLATE NUMBER % 131853	YEAR 1996	MAKE HomeVILBERS	WIDTH x LENGTH 56 x 28	VEHICLE IDENTIFICATION NUMBER (VIN) 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
03-07-362 0-0501-00

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 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 RODNEY D. CARR	SIGNATURE/TITLE Rodney D Carr	BLDG PERMIT OFFICE/PHONE # 425-54184	DATE 12-5-95
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5 OWNER INFORMATION

COUNTY # INC/LANDG <input checked="" type="checkbox"/> <input type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FEE'S
NAME OF FIRST OWNER JAMES E. MEDLER				FILING FEE
NAME OF SECOND OWNER NANCY MEDLER				APPLICATION
ADDRESS OF OWNER P.O. BOX 360				MOBILE HOME FEES
CITY STEVENSON	STATE WA	ZIP CODE 98648	--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	ELIMINATION
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK				USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068			More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	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. James E. Medler			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 up to \$5,000 and/or 10 years imprisonment (RCW 46 12 210) 100 SOLEMN BANNERS UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DLR NO	DATE OF SALE	PURCHASE PRICE \$
DEALER NAME	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 SIGNATURE Deb. J. Allen	SUBSCRIBED TO AND SWORN BEFORE ME THIS TH DAY OF SEPTEMBER 1995	Residing in (County)

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 Angela Moser	SIGNATURE Angela Moser	OFFICE/VFS OPERATOR NUMBER 30-01-08	DATE 12-6-95
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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
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