

124270

BOOK 754 PAGE 846



MANUFACTURED HOME APPLICATION

FILED FOR RECORD  
RECORDED & INDEXED  
SKAMONIA CO. WASH  
BY Robert & Georgann Maloney  
JAN 12 11 42 AM '96  
P. Maloney  
AUDITOR  
GARY M. OLSON

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 |      |         |                                     |
| TPO/PLATE NUMBER    | YEAR | MAKE    | WIDTH/LENGTH                        |
| X 213 715           | 1992 | Skyline | 28 X 48                             |
| 2 LAND              |      |         | VEHICLE IDENTIFICATION NUMBER (VIN) |
|                     |      |         | 1R910275EAB                         |

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: 0205200002170

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.

|           |                             |                            |          |
|-----------|-----------------------------|----------------------------|----------|
| NAME      | SIGNATURE/TITLE             | BLDG PERMIT OFFICE/PHONE # | DATE     |
| Ken Baird | X Ken Baird Bldg. Inspector | 509 427-9484               | 11/12/96 |

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"/> |                     |                |   | FLING FEE        |
| NAME OF FIRST OWNER                  |   |                     |                | OR #422753  | APPLICATION      |
| Robert H. Maloney                    |   |                     |                |   |                  |
| NAME OF SECOND OWNER                 |   |                     |                | OR #1427257   | MOBILE HOME FEES |
| Georgann Maloney                     |   |                     |                |   |                  |
| ADDRESS OF OWNER                     |   |                     |                |   | ELIMINATION      |
| 8410 S.E. 55 Ave.                    |   |                     |                |   |                  |
| CITY                                 | STATE   | ZIP CODE            |                | -OR- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. | USE TAX          |
| Portland                             | OR  | 97206               |                |   |                  |
| NAME OF FIRST LEGAL OWNER            |   |                     |                |   | SUB-AGENT FEES   |
| Same                                 |   |                     |                |   |                  |
| MAILING ADDRESS OF FIRST LEGAL OWNER |   |                     |                | More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.  | TOTAL FEES & TAX |
| CITY                                 | STATE   | ZIP CODE            |                |   | \$               |

\*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY:

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 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. Dealer Signature(s) & Title(s):

|   |                   |                               |              |                           |
|---|-------------------|-------------------------------|--------------|---------------------------|
| X | Robert H. Maloney | WA DLR NO.                    | DATE OF SALE | PURCHASE PRICE            |
| X | Georgann Maloney  |                               | Indirect     | \$                        |
| X |                   | DEALER NAME                   | Indirect     | TRX JURISDICTION/TAX RATE |
|   |                   | DEALER'S AUTHORIZED SIGNATURE | Indirect     |                           |
|   |                   |                               | Indirect     |                           |

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

NOTARY OR LICENSE AGENT & NUMBER: X 30-01-08

SUBSCRIBED TO AND SWORN BEFORE ME THIS 11th DAY OF January 1996 Residing in (County) Skamania

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/VS OPERATOR NUMBER | DATE    |
| Ana Mosen | X Ana Mosen | 30-01-08                  | 1-12-96 |

BOOK 754 PAGE 847

LOT 1, WEST FORK ESTATES IV, ACCORDING TO THE SHORT PLAT THEREOF, RECORDED IN BOOK 2, PAGE 162, SKAMANIA COUNTY SHORT PLAT RECORDS, BEING A PORTION OF THE NORTH HALF OF SECTION 20, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Unofficial Copy