

124270

MANUFACTURED HOME
APPLICATION

BOOK 754 PAGE 846

FILED FOR RECORD
RECORDED & INDEXED
SKAMIA CO. WASHJAN 12 11 42 AM '96
P. Olson
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 X 213 715 | YEAR 1992 | MAKE Skyline | WIDTH/LENGTH 28 X 48 |
| VEHICLE IDENTIFICATION NUMBER (VIN) 1R910275EAB | | | |
| 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 <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 | 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 Ken Baird | SIGNATURE/TITLE X Ken Baird Bldg. Inspector | BUILDING PERMIT OFFICE/PHONE # 509 427-9484 | DATE 11/12/96 |
| OWNER INFORMATION | | | |
| COUNTY # <input type="checkbox"/> INC <input type="checkbox"/> UNINC <input type="checkbox"/> | # REGISTERED OWNERS | # LEGAL OWNERS | Provide the Washington Driver's License or I.D. card number (PIC) for each owner: |
| NAME OF FIRST OWNER Robert H. Maloney | | | OR #422753 |
| NAME OF SECOND OWNER Georgann Maloney | | | OR #1427257 |
| ADDRESS OF OWNER 8410 S.E. 55 Ave. | | | |
| CITY Portland | STATE OR | ZIP CODE 97206 | |
| NAME OF FIRST LEGAL OWNER Same | | | |
| MAILING ADDRESS OF FIRST LEGAL OWNER | | | |
| CITY | STATE | ZIP CODE | |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X | | | |
| 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. Owner Signature(s) & Title(s): X Robert H. Maloney X Georgann Maloney | | | |
| NOTARY OR LICENSE AGENT & NUMBER X 30-01-08 | | SUBSCRIBED TO AND SWORN BEFORE ME THIS 11th DAY OF January 19 96 | 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 Anne Maser | SIGNATURE X Anne Maser | OFFICE/FS OPERATOR NUMBER 30-01-08 | DATE 1-12-96 |

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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.