



124725

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MANUFACTURED HOME APPLICATION  
BY SEAN A. CO. WASH  
SEAN A. CO. TITLE

FILED FOR RECORD

FILED AT THE REQUEST OF:  
NAME

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)

MAR 6 2 43 PM '96

GARY H. OLSON  
AUDITOR

ADDRESS

1 MANUFACTURED HOME			
1. PLATE NUMBER \$80180	2. YEAR 1979	3. MAKE ELCAR	4. WIDTH/LENGTH 66x14
5. VEHICLE IDENTIFICATION NUMBER (VIN) SD2459A			6. PROPERTY TAX PARCEL NUMBER 02-07-20-3-4-2300 CD
7. 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			
8. 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
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.			
9. 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 Frank Finch	SIGNATURE/TITLE X Frank Finch	BLOG PERMIT OFFICE/PHONE # 15-13	DATE 3-8-96
10. OWNER INFORMATION			
COUNTY # 1	INC. UNINC. <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:			FEES
NAME OF FIRST OWNER ROBERT WILTON VERNON			FLING FEE
NAME OF SECOND OWNER GRALE MAE VERNON			APPLICATION
ADDRESS OF OWNER 823 CELILO STREET			MOBILE HOME FEES
CITY NORTH BONNEVILLE	STATE WA	ZIP CODE 98639	ELIMINATION
NAME OF FIRST LEGAL OWNER COMMERCIAL SECURITY BANK			USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER 10300 SW GREENBURG RD #535			SUB-AGENT FEES
CITY PORTLAND	STATE OR	ZIP CODE 97223	TOTAL FEES & TAX \$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY			
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 46.12.220). UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: <input checked="" type="checkbox"/> (s) <input type="checkbox"/> (s)			
WA DLR NO.		DATE OF SALE 3-8-96	PURCHASE PRICE \$
DEALER NAME		TAX JURISDICTION/TAX RATE direct <input checked="" type="checkbox"/> indirect <input type="checkbox"/>	
DEALER'S AUTHORIZED SIGNATURE X		Filing Method Filed <input checked="" type="checkbox"/> Mailed <input type="checkbox"/>	
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)			
NOTARY OR LICENSE AGENT x DEB J. LARSEN		SUBSCRIBED TO AND SWORN BEFORE ME THIS 14th DAY OF FEB, 1996	
6. COUNTY AUDITOR/AGENCY 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 X Angela Moser	OFFICE/VFS OPERATOR NUMBER 306/08	DATE 3/6/96

Lot 23, Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, RECORDED IN  
Book B of Plats, Page 16, Auditor's File No. 83466. Also recorded  
in Book B of Plats, Page 32, Auditor's File No. 84429, in the  
County of Skamania, State of Washington.

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