01-16-1996 10:26AM FROM TO 1028815032283460 P.04

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FILED FOR RECORD BOOK 156 PAGE 193

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK: Ticor Title
Mar 26 12 26 PM '96
P Lawry
GARY H. OLSON

FILED AT THE REQUEST OF:
NAME
ADDRESS

Please check one
- [x] 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	VEHICLE IDENTIFICATION NUMBER (VIN)
96124414	95	SKYLINE	28 x 48	5601CT 3CKSB CATH

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: 03-08-22-4-0-0400-00 / 03-08-22-4-0-0500-00

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.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE	BLDG PERMIT #
Ken Baird	X Ken Baird Bldg Inspector	(509) 427-9484	1/24/96	

5 OWNER INFORMATION

COUNTY # ☐ INC ☐ UNINC # REGISTERED OWNERS: 2 # LEGAL OWNERS: 1

Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

		PIC
NAME OF FIRST OWNER	AUBREY J. COCHRAN	COCHRAJ 527 QL
NAME OF SECOND OWNER	DEBORAH M. COCHRAN	2104205 (CR)
ADDRESS OF OWNER		
CITY / STATE / ZIP CODE	STEVENSON / WA / 98648	
NAME OF FIRST LEGAL OWNER	ALLIED BANK FSB	
MAILING ADDRESS OF FIRST LEGAL OWNER	2227 CAPRICORN WAY BLDG E SUITE 100	
CITY / STATE / ZIP CODE	SANTA ROSA / CA / 95407	

—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.

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

FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

WA DLR NO.	DATE OF SALE	PURCHASE PRICE
		$

DEALER NAME — TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE X

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

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 46.12.210). I DO SOLEMNLY ATTEST, UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):

X Aubrey Cochran
X Deborah Cochran
X

NOTARY OR LICENSE AGENT & NUMBER: Kathryn R Smith — SUBSCRIBED TO AND SWORN BEFORE ME THIS 24th DAY OF Jan 1996 — Residing in (County)

OFFICIAL SEAL KATHRYN R SMITH NOTARY PUBLIC COMMISSION NO. 020902 MY COMMISSION EXPIRES JAN. 29, 1997

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
Angela Moser	X Angela Moser	30-01-08	3/26/96

TD-420-728 MAN'F HOME APPL

TOTAL P.04