



124995

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MANUFACTURED HOME  
APPLICATIONFILED  
RECORDED & CLOCKED  
BY SPALANIA CO. TITLEFILED 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)

APR 18 2 41 PM '96

GARY M. OLSON

1 MANUFACTURED HOME			
TYPE/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1996	FLEETWOOD	44x24
VEHICLE IDENTIFICATION NUMBER (VIN)			OR FLT 48B50304-FW13

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	
PROPERTY TAX PARCEL NUMBER 03-08-17-3-0-141200	

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 Building Inspector (509) 427-9484		4/8/96

5 OWNER INFORMATION			
COUNTY # INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
<input type="checkbox"/> <input type="checkbox"/>	1	1	
NAME OF FIRST OWNER MIRIAM L REED		FILING FEE	
NAME OF SECOND OWNER		APPLICATION	
ADDRESS OF OWNER P.O. BOX 1261		MOBILE HOME FEES	
CITY CARSON	STATE WA	ZIP CODE 98610	ELIMINATION
NAME OF FIRST LEGAL OWNER GREENTREE FINANCIAL SERVICING CORP		USE TAX	
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1570		SUB-AGENT FEES	
CITY TUALATIN	STATE OR	ZIP CODE 97062	TOTAL FEES & TAX
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X		DEALER'S REPORT OF SALE	
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			

Any person 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 \$10,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY SWEAR UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS OF THE VEHICLE AND THIS INFORMATION IS ACCURATE.		WAS DLR NO.	DATE OF SALE	PURCHASE PRICE
X Miriam L Reed		DEALER NAME		TAX JURISDICTION/TAX RATE
X		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 LICENSE AGENT & NUMBER X Deb J. Quinn DEB J. QUINN		SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF DECEMBER 19 95		

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	4/10/96