

COX 4457913  
125329  
STATE OF WASHINGTON  
**Licensing**  
MANUFACTURED HOME  
APPLICATION

BOOK 157 PAGE 381

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)

FILED RECORDED SKA BY CLARK COUNTY TITLE	FILED AT THE REQUEST OF: NAME ADDRESS
MAY 28 1 16 PM '96 P. Olson AGENT FOR GARY M. OLSON	

1 MANUFACTURED HOME			
TPO PLATE NUMBER +73872	YEAR 87	MAKE SKY	WIDTH/LENGTH 48 X 28
			VEHICLE IDENTIFICATION NUMBER (VIN) 416910325WAB

2 LAND		PROPERTY TAX PARCEL NUMBER 1-5 8-806
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 X	DATE

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	BLDG PERMIT OFFICE PHONE # (509) 427-9484	DATE 4/26/96

5 OWNER INFORMATION			
COUNTY # 00	REG. UNIC 2	# REGISTERED OWNERS 1	# LEGAL OWNERS 1
NAME OF FIRST OWNER Kenneth W. Townsley		Provide the Washington Driver's License or ID card number (PIC) for each owner: TOWNSKY W 4970M	
NAME OF SECOND OWNER Pamela J. Townsley		TOWNSPJ393RF	
ADDRESS OF OWNER 171 Kenco Rd		OR: if the owner is a business, provide the Unified Business Identifier (UBI) found on the business Registration & Licenses Document. 578049 326-7	
CITY Washougal	STATE Wa	ZIP CODE 98671	
NAME OF FIRST LEGAL OWNER Washington Mutual Bank		More than two owners or one shareholder? Please use attachment form(s) #TD-420-732.	
MAILING ADDRESS OF FIRST LEGAL OWNER 1201 3rd Ave		DEALER'S REPORT OF SALE	
CITY Seattle	STATE WA	ZIP CODE 98101	I certify that this information is correct. The vehicle is clear of encumbrances except as shown.
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY. Merrill Harrington		DATE OF SALE 5/28/96	

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 4A.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.		
Owner Signature(s) & Title(s): X Kenneth W. Townsley X Pamela J. Townsley		
NOTARY OF LICENSE AGENT NUMBER X Paul Saunders		
SUBSCRIBED TO AND SWORN BEFORE ME THIS 21st DAY OF December 1995 Clark		

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 Angela Moser	SIGNATURE X Angela Moser	OFFICE'S OPERATOR NUMBER 30-0108	DATE 5/28/96

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EXHIBIT "A"

LOT 1 OF THE ROBERT D. FERGUSON SHORT PLAT NO. 2, AS RECORDED IN BOOK 2  
OF SHORT FLATS, PAGE 37, SKAMANIA COUNTY, WASHINGTON.



CONSERVATORSHIP OF (NAME): LEONA M. TATE	CASE NUMBER 42427
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Conservator

LETTERS OF CONSERVATORSHIP

Page 2

AFFIRMATION

I solemnly affirm that I will perform the duties of ☒ conservator ☐ limited conservator according to law.

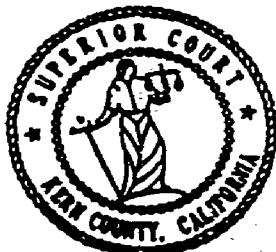
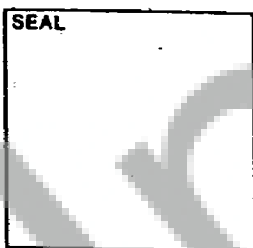
Executed on (date): June 22, 1993 at (place): Chicope, CA

*Sandra K. Holman*  
(Signature of appointee)  
SANDRA K. HOLMAN

CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Dated: \_\_\_\_\_ Clerk, by \_\_\_\_\_ Deputy



THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE LETTERS ISSUED AND ON FILE AND OF RECORD IN MY OFFICE AND SAID LETTERS HAVE NOT BEEN REVOKED.

MAY 18 1994

ATTEST: \_\_\_\_\_  
GALE S. ENSTAD, County Clerk and Clerk of the Superior Court of the State of California, in and for the County of Kern.  
*G. S. Enstad* Deputy