



125674

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MANUFACTURED HOME
APPLICATION

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)

RECORDED'S CLOCK: JORD
SKAMANA CO. WASH
BY SKAMANA CO. TITLE

JUL 8 4 30 PM '96

P. J. W. J.
AUDITOR
GARY M. OLSON

FILED AT THE REQUEST OF:

NAME

ADDRESS

1 MANUFACTURED HOME

TPOPLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	MORLT	28x46	H012589AB

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 31-3-0-040300

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.

BLDG PERMIT #

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Bldg Inspector	(509) 427-9484	5/21/96

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:	FEES
	<input type="checkbox"/>	<input type="checkbox"/>				FILING FEE
NAME OF FIRST OWNER JOHN A. DUNOVEN						APPLICATION
NAME OF SECOND OWNER GAIL E. DUNOVEN						MOBILE HOME FEE
ADDRESS OF OWNER PO BOX 55						ELIMINATION
CITY CARSON						USE TAX
STATE WA						SUB-AGENT FEES
ZIP CODE 98610						TOTAL FEES & TAX
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK						
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068						
CITY CAMAS						
STATE WA						
ZIP CODE 98607						
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X Gail E. Dunoven						

-OH- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 062001513

More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

DEALER'S REPORT OF SALE

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

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 NOT KNOW THE PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

WA DLR NO.	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
NOTARY OR LICENSE AGENT SIGNATURE	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X Gail E. Dunoven	27th DAY OF FEBRUARY 1996	

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
Angele Moser	X Angele Moser	80-01-08	7-8-96

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DESCRIPTION:

Lot 2, RUDHE TRACTS, according to the recorded plat thereof,
recorded in Book A of Plats, Page 141, in the County of Skamania,
State of Washington.