



125674

BOOK 158 PAGE 253

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 AT THE REQUEST OF:
SKAMANIA CO, WASH
BY SKAMANIA CO, TITLE

JUL 8 4 30 PM '96

Patry
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 | HD12589AB |

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 |

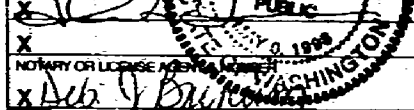
5 OWNER INFORMATION

| 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 P.O. BOX 55 | | | | | | ELIMINATION |
| CITY | STATE | ZIP CODE | -OR- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. | | | USE TAX |
| CARSON | WA | 98610 | | | | SUB-AGENT FEES |
| NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK | | | | | | TOTAL FEES & TAX |
| MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068 | | | | | | \$ |
| CITY | STATE | ZIP CODE | More than two owners or one lienholder? Please use attachment form(s) #TD-420-732. | | | |
| CAMAS | WA | 98607 | | | | |

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: *Gail E. Dunoven*

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 UNDERSTAND THE PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Gail E. Dunoven



NOTARY OR LICENSING AGENT SIGNATURE

Gail E. Dunoven

SUBSCRIBED TO AND SWORN BEFORE ME THIS 27th DAY OF FEBRUARY 1996

Residing in (County)

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 |
|-------------|---------------|----------------------------|--------|
| Anaeh Moser | X Anaeh 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.