



126254

MANUFACTURED HOME  
APPLICATIONFILED  
RECORDED  
BY SKAMIA CO. TITLE

BOOK 159 PAGE 594

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)

SEP 9 1 18 PM '96

O. Lowry  
AUDITOR

GARY M. OLSON

FILED AT THE REQUEST OF:  
NAME

ADDRESS

## 1 MANUFACTURED HOME

TOPLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	MARLETTE	28 x 66	H-012220 A/B

## 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  
03-08-17-4-0-0201-00

## 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
Ken Baird	X Ken Baird Bldg Inspector	(509) 427-9484	6/7/96

## 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 checked="" type="checkbox"/> <input type="checkbox"/>	2	1		
NAME OF FIRST OWNER RAYMOND OTTIS					FILING FEE
NAME OF SECOND OWNER RUTH OTTIS					APPLICATION
ADDRESS OF OWNER P.O. BOX 750					MOBILE HOME FEES
CITY	STATE	ZIP CODE	-OR- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.		ELIMINATION
CARSON	WA	98610			USE TAX
NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK					SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068					TOTAL FEES & TAX
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: X Ruth Ottis AUP

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 4B.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

X [Signature]

WA DLR NO.

DEALER NAME

DEALER'S AUTHORIZED SIGNATURE

X

DATE OF SALE

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

USE TAX EXEMPT

Selling in (County)

COUNTY OF SKAMIA

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/VEHICLE OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	9-19-96

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Lot 4, SHELLY GLEN SUBDIVISION, according to the recorded plat thereof, recorded in Book B of Plats, Page 80, in the County of Skamania, State of Washington.