



126437

MANUFACTURED HOME  
APPLICATION

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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 & CLOCKED RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE

OCT 15 11 42 AM '96

P. Lowry  
AUDITOR

GARY M. OLSON

FILED AT THE REQUEST OF:

NAME

ADDRESS

## 1 MANUFACTURED HOME

TP/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	FLEETWOOD	60' x 28'	CRFLT48AB23023-C513

## 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

03-08-21-2-0-2904-06

## 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
MARION MORAT	X Marion Morat Building Inspector	502-79484	9-19-96

## 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:	FILING FEE
	<input checked="" type="checkbox"/> <input type="checkbox"/>	2	1		

  

NAME OF FIRST OWNER	DANIEL E. BLOVIN	APPLICANT
NAME OF SECOND OWNER	SHERY L. BLOVIN	MOBILE HOME FEES
ADDRESS OF OWNER	P.O. BOX 623	ELIMINATION
CITY	CARSON	USE TAX
STATE	WA	SUB-AGENT FEES
ZIP CODE	98610	
NAME OF FIRST LEGAL OWNER	THE CIT GROUP/SALES FINANCING	TOTAL FEES & TAX
MAILING ADDRESS OF FIRST LEGAL OWNER	P.O. BOX 24610	\$
CITY	OKLAHOMA CITY	
STATE	OK	
ZIP CODE	73124	

\*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Becky Capps

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.

WA DLR NO	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME		TAX JURISDICTION/TAX RATE
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)		
Residing in (County)		

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). UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

X [Signature]  
X [Signature]  
X [Signature]

NOTARY OR LICENSED AGENT: [Signature]  
SUBSCRIBED TO AND SWORN BEFORE ME THIS DAY OF JULY 1996

## 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/NS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	10-15-96

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Lot 12, ROSENBACH'S CORNER, according to the recorded plat thereof,  
recorded in Book B of Plats, Page 40, in the County of Skamania, State  
of Washington.