

126548

BOOK 160 PAGE 375



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)

FILED BY SKA	RECORD WASH
RECORDED BY SKA	FILED AT THE REQUEST OF
OCT 25 9 55 AM '96	NAME
GARY H. NELSON	ADDRESS

1. MANUFACTURED HOME		VEHICLE IDENTIFICATION NUMBER (VIN)	
2. PLATE NUMBER	YEAR	MAKE	MODEL/LENGTH
	1997	FLEETWOOD	GREENHILL
3. LAND		ORFLT 48A231096H13	
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		PROPERTY TAX PARCEL NUMBER	
<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		03-08-17-3-0-140501	
4. 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.			
5. 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	BLOG PERMIT OFFICE/PHONE #	DATE
MARLON MORAT	X Marlon Morat	427-9448	10-3-96
6. OWNER INFORMATION			
COUNTY #	INC. LICENSING	# REGISTERED OWNERS	# LEGAL OWNERS
	<input checked="" type="checkbox"/>	2	1
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:		FILING FEE	
NAME OF FIRST OWNER		APPLICATION	
KENNETH S. CLAUSSEN			
NAME OF SECOND OWNER		MOBILE HOME FILING FEE	
KELLY J. CLAUSSEN		Advised, Dir	
ADDRESS OF OWNER		ELIMINATION	
P.O. BOX 452		Indirect	
CITY	STATE	ZIP CODE	USE TAX
CARSON	WA	98410	Waived
NAME OF FIRST LEGAL OWNER		SUB-AGENT FEES	
THE CIT. GROUP / SALES FINANCING			
MAILING ADDRESS OF FIRST LEGAL OWNER		TOTAL FEES & TAX	
715 SO. METROPOLITAN AVE #150		\$	
CITY	STATE	ZIP CODE	
OKLAHOMA CITY	OK	73124	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X		DEALER'S REPORT OF SALE	
X Kelly J. Clausen		I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	
X Kenneth S. Clausen			
X Kelly J. Clausen			
X Kenneth S. Clausen			
NOTARY OR LICENSE AGENT & NUMBER		DATE OF SALE	
X June Fry		7-20-96	
SUBSCRIBED TO AND SWORN BEFORE ME THIS		PURCHASE PRICE	
50TH DAY OF JULY 1996		\$	
COUNTY AUDITOR/AGENCY LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)		TAX JURISDICTION/TAX RATE	
I certify that the above application appears to have been completed correctly, and the application will proceed with the recording of this form.		OFFICIAL SEAL	
NAME		NOTARY PUBLIC-OREGON	
Angela Moser		COMMISSION NO. 034790	
SIGNATURE		MY COMMISSION EXPIRES MAY 18, 1998	
X Angela Moser			
OFFICE/VEHICLE OPERATOR NUMBER		DATE	
30-01-08		10-25-96	

4. THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

A tract of land in the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2, COATES SHORT PLAT, recorded May 28, 1981 in Book 3 of Short Plats, Page 7, Auditor File No. 94296, records of Skamania County, Washington.

BOOK 140 PAGE 376