



# MANUFACTURED HOME APPLICATION

Please check one **127052**

- ☒ 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  
FILED FOR RECORD  
SKAMIA CO. WASH  
BY *Transration*

JAN 2 4 37 PM '97  
*P. Johnson*

AUDITOR BOOK 161 PAGE 684

FILED AT THE REQUEST OF:

NAME

ADDRESS

## 1 MANUFACTURED HOME

TPO PLATE NUMBER YEAR MAKE LENGTH WIDTH LENGTH VIN  
1997 Spring Manor 28X66 8Y91-0214-J AB

## 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  
3-8-21-3-2101

## 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 #  
141 \* 96

NAME SIGNATURE/TITLE BLDG PERMIT OFFICE PHONE # DATE  
MARION MCRAE *X Marion Mcrae (OWNER)* 509-427-9484 10-17-96

## 5 OWNER INFORMATION

COUNTY INC UNINC # REGISTERED OWNERS # LEGAL OWNERS  
☐ ☐ 2 1 Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

### FEES

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB AGENT FEES

TOTAL FEES & TAX

\$

NAME OF FIRST OWNER

Mark Moser

NAME OF SECOND OWNER

Janet Moser

ADDRESS OF OWNER

62 Walter Lane

CITY

Carson

STATE

WA

ZIP CODE

98610

NAME OF FIRST LEGAL OWNER

Beneficial Oregon Inc. DBA Beneficial Mortgage Oregon

MAILING ADDRESS OF FIRST LEGAL OWNER

17038 S.E. McLoughlin

CITY

Milwaukie

STATE

OR

ZIP CODE

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY. *X [Signature]*

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

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

8-2-96

PURCHASE PRICE

\$60485.00

DEALER NAME

DEALER'S AUTHORIZED SIGNATURE

*X*

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

SUBSCRIBED TO AND SWORN BEFORE ME THIS  
29th DAY OF July 1996

Residing in (County)

## 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 VFS OPERATOR NUMBER DATE  
C. BENSCOTER *X C Benscoter* 0601 #5 11-15-96

Exhibit "A"

BOOK 161 PAGE 685

Lot 1, of the ROSS SHORT PLAT, according to the plat thereof,  
recorded in Book "3" of Plats, Page 184, records of Skamania  
County, Washington.