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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JAN 13 8 42 AM '97

P. Olson
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name KARL R. RUSSELL

Address 41 LYONS RD.

City/State STEVENSON, WA 98648

Document Title(s): (or transactions contained therein)

1. MAN. HOME APPL. FOR TITLE ELIMIN.

2.

3.

4.



First American Title
Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. KARL R. RUSSELL

2.

3.

4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1.

2.

3.

4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

LOT 2 ANITA SMITH SHORT PLAT

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-25-20-0114-00

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

Filed ☒
Indexed ☒
Recorded ☒
Signed ☒
Mailed ☒



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)

RECORDER & CLOCK	FILED AT THE REQUEST OF: NAME ADDRESS
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1 MANUFACTURED HOME

1. TITLE NUMBER	2. YEAR	3. MAKE	4. WIDTH/LENGTH	5. VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	CELEBRATION	43' x 26'	6D5TOR 469517941

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

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	BUILDING PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Building Inspector	(509) 427-9484	10/25/96

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"/>	1	1		
NAME OF FIRST OWNER KARL R. RUSSELL					APPLICATION
NAME OF SECOND OWNER 41 LYONS ROAD					MOBILE HOME FEES
ADDRESS OF OWNER 408 SE 10TH ST. #202					ELIMINATION
CITY STEVENSON					USE TAX
STATE WA					SUB-AGENT FEES
ZIP CODE 98648					
NAME OF FIRST LEGAL OWNER HEADLANDS MORTGAGE CO					
MAILING ADDRESS OF FIRST LEGAL OWNER 10 801 MAIN ST. #202					TOTAL FEES & TAX
CITY BELLEVUE					\$
STATE WA					
ZIP CODE 98004					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X <i>[Signature]</i>					

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

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)		
NOTARY OR LICENSE AGENT & NUMBER	RESIDING IN (County)	
X <i>[Signature]</i>	CLARK	

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/AGENT OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	1-10-97

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

NW
A tract of land in the Northeast Quarter of the Northeast Quarter of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the ANITA SMITH SHORT PLAT, recorded in Book 3 of Short Plats, Page 35, Skamania County records.

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