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FILED IN CLERK'S OFFICE
SKAMIA COUNTY WASH
BY DEBRA CO. TITLE

FEB 7 1 53 PM '97
A Moser
AGENT FOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name HEADLANDS MTO
Address 10801 MAIN ST. #202
City / State BELLEVUE, WA 98004

- Document Title(s):** (or transactions contained therein)
1. MANUFACTURED HOME APPLICATION
 - 2.
 - 3.
 - 4.



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. ALEXANDRA G. LYNCH
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

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

1. HEADLANDS MORTGAGE CO.
- 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 1 GREEN ACRES SUB. REC IN B. B"
PAGE 82

Registered	✓
Indexed	✓
Ad' rect	✓
Filed	
Noted	

Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-20-0-0-0209-00

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.

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MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF: NAME
	ADDRESS

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)

1 MANUFACTURED HOME			
TOP PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1997	GOLDEN HILL	54x27
			VEHICLE IDENTIFICATION NUMBER (VIN)
			6W0R73N17557

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: 02-07-20-00-0209-00

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

5 OWNER INFORMATION

COUNTY: <input checked="" type="checkbox"/> NC <input type="checkbox"/> UNIC	# REGISTERED OWNERS: 2	# LEGAL OWNERS: 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FILING FEE
NAME OF FIRST OWNER: ALEXANDRA G. LYNCH		LINCHA 6345BN		APPLICATION
NAME OF SECOND OWNER:				MOBILE HOME FEES
ADDRESS OF OWNER: 10421 RANKIN DRIVE				ELIMINATION
CITY: VANCOUVER	STATE: WA	ZIP CODE: 98065		USE TAX
NAME OF FIRST LEGAL OWNER: HEADLANDS MORTGAGE COMPANY				SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER: 10801 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 [Signature]		10/3/96		DEALER'S REPORT OF SALE

--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.

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

Anyone who knowingly makes a false statement or a false statement of a felony, and upon conviction may be punished by a fine of \$5,000 or 1 year imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THE INFORMATION IS ACCURATE. Owner Signature (Name & Title): X [Signature]

WA DLR NO.	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE	X	

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

NOTARY OR LICENSE AGENT & NUMBER: X Deb. Blunum DEB J. BAUM

SUBSCRIBED TO AND SWORN BEFORE ME THIS 30th DAY OF SEPTEMBER 19 96 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
Angela Moser	X Angela Moser	30-01-08	2-7-97

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Lot 1 of the Green Acres Subdivision recorded in Book B of plats,
Page 82, in the County of Skamania, State of Washington.

Unofficial
Copy

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