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BOOK 102 PAGE 462

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Mosea

**CATTOR

GARY 11. OLSON

AFTER RECORDING MAIL TO:

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

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

1. MANU FACTURED HOME APPLICATION

2.

3.

4.

Reference Number(s) of Documents assigned or released:

| Additional numbers on page of document (this space for title company use only)

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

1. ALEXANDRA 6. LYNCH

2.

2.
3.
4.
5. Additional names on page ______ of document

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

1. HEADLANDS MURTGAGE CO.

2.
3.
4.
5. Additional names on page ______ of document

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

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

LOT I GREEN ACLES SUB REC IN B. B

PAGE 82

Page state of Visited All Visi

□ Complete legal description is on page <a>A 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.

800x 162 MGS 463

IS STATE OF WASHINGTON		BOX.W. C	
STATE OF WASHINGTON LICENSING	MANUFACTURED HOME APPLICATION	RECORDER'S CLOCK	FILED AT THE REQUEST OF: NAME
Please theck one	-		
TITLE ELIMINATION (Comp	olete all but section 3, below) (Complete ALL sections below) ROPERTY (Complete all but section 4, below)	·	ADDRESS
MANUFACTURED HOME			
TPOPLATE NUMBER YEAR	MAKE WOTHLENGTH 54727	VEHICLE IDENTIFICATION (COURT)	ON NUMBER (VIII)
2 LAND	TOOLSCHILL SULVI	- CWOKJ	3NI 155 7
Attach a copy of the legal description of your land. It can be obtained from your County			
Manufactured home will be AFFIXED REMOVED REMOVED			
3 TITLE COMPANY CERTIFIC			
I certify that the legal description of the land and ownership is true and correct per the real property records.			
	SK X	INATURE	DATE
Finalize this application v	vith a Licensing Agent within 10 calendar	days of the date Title Company	Representative signs
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. BUILDING PERMIT OFFICE CERTIFICATION			
Libertuit tigg poett 1990ed tot fi	d home has been affixed to the real prope is purpose and the attachment will be ins	rty as described, or a building	BLDG PERMIT &
Ken Baird	(SKANATURE/TITLE	ALOG REPARE DEPARTMENT	DATE
5 OWNER INFORMATION	X Non Bain Bly.	Engant (509) 427-948	10/25/96
FEES			
	1 TOTICO CITO	Washington Driver's License or I.D. (PIC) for each owner:	FILING FEE
NAME OF FIRST OWNER			APPLICATION
ALEXANDRA NAME OF SECOND OWNER	G. LYNCH	LINCHA 6345BN	
ADDRESS OF OWNER			MOBILE HOME FEES
10421 RANKIN	DRIVE	OR if the owner is a business,	ELIMINATION
VAN(CUVFS	STATE ZIP CODE WA 98665	provide the Unified Business Identifier (UBI), found on the	USE TAX
NAME OF FIRST LEGAL OWNER		business Registration & Licenses Document	SUB-AGENT FEES
HEADLANDS M	ORTGAGE COMPANY	Continent.	SUB-AGENT PEES
10801 MAIN		More than two owners or one lienholder? Please use attachment	TOTAL FEES & TAX
BELLEVUE	STATE ZP CODE	form(s) #TD-420-732.	 \$
"SIGNATURE OF LEGAL OF MER INCH	WA 4800L	DEALER'S REPORT OF SALE	
FROM REAL PROPERTY: 1014 THE STRUMENT AND THE STRUMENT AN			
Anyone who knowingly makes a false state upon conviction may be purished by a fine		DATE OF SALE	PURCHASE PRICE
(RCW 46:12:210). I DO SOLEMNLY ATT	CHOOK PENALTY OF PRIURY LAW		\$
THAT IWE ARE THE REGISTERED OWN TION IS ACCURATE: Owner Signature(s	RSOF HIS VEHICLE OTH INFORMA-	ME C	TAX JURISDICTION/TAX RATE
X alexania to Ty	DEALERS A	UTHORIZED SIGNATURE	· ·
X MAY 6.			
X USE TAX EXEMPT Sale to a Certified Tribal member on the resonation (attach polarized data and of the control			
NOTARY OR LICENSE AGENT & NUMBER SUBSCRIBED TO AND SWORN BEFORE ME THIS AUDI DAY OF FITTINGER 19 (Courty)			
6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)			
recently trial trie above application appears to have been completed correctly and the application appears to have been completed correctly and the application			
NAME ISGNATURE			
Angela Moser:	x Sligel 77/ASO	OFFICEVES OPERATOR NUMBER	DATE 7-7 (17
D-420-729 MANUF HOME APPL (R/12/94)M Page	0102		1-4/

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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.

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