

128692

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

JUL 17 2 25 PM '97
C. M. S. A.
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name WEBER
Address PO BOX 253
City/State STEVENSON, WA 98648

BOOK 167 PAGE 260

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

1. TITLE ELIMINATION 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. GREG WEBER
2. GERRI WEBER
3. INVESTORS MORTGAGE COMPANY

4.

5. ☐ Additional names on page _____ of document

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

1. STATE OF WA, DEPT OF LICENSING

2.

3.

4.

5. ☐ Additional names on page _____ of document

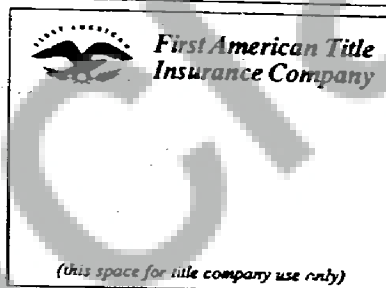
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

LOT 6, BLK 5, ROSELAWN EXTENSION

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-2-4-1000-00

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



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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)

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ADDRESS

1 MANUFACTURED HOME

TPOPLATE NUMBER 131099 YEAR 1985 MAKE GRNHL WIDTH/LENGTH 56/20 VEHICLE IDENTIFICATION NUMBER (VIN) CR FL 2AF 184804565

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

03-01-36-24-1000

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 X DATE _____

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 #

NAME FRANK FINCH SIGNATURE X Frank Finch BLDG PERMIT OFFICE/PHONE # BLDG INSPECTOR DATE 7-15-97

5 OWNER INFORMATION

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

FEES

NAME OF FIRST OWNER

LOREG WEBER

NAME OF SECOND OWNER

GERRI WEBER

ADDRESS OF OWNER

PO BOX 253

CITY

STEVENSON

STATE

WA

ZIP CODE

98048

NAME OF FIRST LEGAL OWNER

INVESTORS MORTGAGE COMPANY

MAILING ADDRESS OF FIRST LEGAL OWNER

10220 NE POINTS DRIVE #200

CITY

KIRKLAND

STATE

WA

ZIP CODE

98033

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X

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

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More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

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

PURCHASE PRICE

DEALER NAME

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

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

NOTARY OR LICENSE AGENT

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (County)

NOTARY PUBLIC J. BACNUMDAY OF OCTOBER 1996CLARK

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 Angela Muser SIGNATURE X Angela Muser OFFICE/VEHICLE OPERATOR NUMBER 30-0108 DATE 7-17-97

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Lot 6, Block 5, ROSELAWN EXTENSION, according to the plat thereof,
recorded in Book A, Page 65, in the County of Skamania, State of
Washington.