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BOOK 167 PAGE 388

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

JUL 22 1 09 PM '97
Amosel
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name DORIS MAESNER
Address PO BOX 599
City/State CASCADE LOCKS, OR 97014

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. DORIS MAESNER
2. RIVER VIEW SAVINGS BANK
3.
4.

5. Additional names on page _____ of document

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

1. STATE OF WASHINGTON, DEPT. OF LICENSING
2.
3.
4.

5. Additional names on page _____ of document

Inspected
Indexed
Abstracted
Filed
Mailed

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
A PORTION OF LOT 5 OF THE SKAMANIA ELECTRIC ADDITION, RECORDED IN BOOK A OF PLATS, PAGE 42, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
LOT 1 OF THE STEWART CREWS SHORT PLAT, RECORDED IN BOOK T OF SHORT PLATS, PAGE 86, SKAMANIA COUNTY RECORDS

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-1-3-0800-00

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.



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				
TPOPLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1997	MARLETT	28' x 42'	H-013884 A/B

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER: 03-07-36-1-3-0000	

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	BLDG PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Bldg Inspector	(509) 427-9484	7/10/97

5 OWNER INFORMATION			
COUNTY	INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
WA		1	1
NAME OF FIRST OWNER			PROVIDE THE WASHINGTON DRIVER'S LICENSE OR I.D. CARD NUMBER (PIC) FOR EACH OWNER:
DORIS MAESNER			0DL5488082
NAME OF SECOND OWNER			
PO BOX 599			
ADDRESS OF OWNER			
CITY	STATE	ZIP CODE	
CASCADE LOCKS	OR	97014	
NAME OF FIRST LEGAL OWNER			
RIVERVIEW SAVINGS BANK			
MAILING ADDRESS OF FIRST LEGAL OWNER			
PO BOX 1068			
CITY	STATE	ZIP CODE	
CAMAS	WA	98607	
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 fined up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SO UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS 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 LICENSING AGENT	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X <i>[Signature]</i>	25 DAY OF OCT 1997	

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/FS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	7-22-97