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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

Abbreviated Legal Description as follows: (i.e. lot/block/plot 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



Insured ☒
Advised ☒
Indirect ☒
Filmed ☐
Dated ☐

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

ROOM 167 PAGE 389

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

TPO PLATE 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 ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER

03-07-36-1-3-00000

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	7/10/97

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						FILING FEE
DORIS MAESNER						APPLICATION
NAME OF SECOND OWNER						MOBILE HOME FEES
PO BOX 599						ELIMINATION
ADDRESS OF OWNER						USE TAX
CITY						SUB-AGENT FEES
CASCADE LOCKS OR						TOTAL FEES & TAX
STATE						\$
ZIP CODE						
97014						
NAME OF FIRST LEGAL OWNER						
RIVERVIEW SAVINGS BANK						
MAILING ADDRESS OF FIRST LEGAL OWNER						
PO BOX 1068						
CITY						
CAMAS						
STATE						
WA						
ZIP CODE						
98607						
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY:						
X [Signature]						

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be fined not more than \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SO UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

X [Signature]
NOTARY PUBLIC

X [Signature]
NOTARY PUBLIC

X [Signature]
NOTARY PUBLIC

X [Signature]
NOTARY PUBLIC

X [Signature]
NOTARY PUBLIC

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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 SIGNATURE

SUBSCRIBED TO AND SWORN BEFORE ME THIS

Residing in (County)

X [Signature]

DAY OF

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/VS OPERATOR NUMBER

DATE

Angela Moser

X Angela Moser

30-01-08

7-22-97