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BOOK 169 PAGE 856  
FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE  
OCT 10 9 50 AM '97  
A. MOSER  
AUDITOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

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

1. Manufactured Home Application
- 2.
- 3.
- 4.



(this space for title company use only)

**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. Tracy D. Eccles
- 2.
- 3.
- 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 2 Shelly Glen Subdivision

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-17-4-0-0202-00

**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

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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: 130724 YEAR: 1985 MAKE: FLEETWOOD WIDTH/LENGTH: 44' x 27' VEHICLE IDENTIFICATION NUMBER (VIN): 0KFL54SA20345CN13

## 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

03-08-17-4-0-0302-00

## 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: 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.

NAME: Ken Baird SIGNATURE/TITLE: X Tom Baird Bldg Inspector (509) 427-9484 BLDG PERMIT OFFICE/PHONE #: DATE: 10/17/96

## 5 OWNER INFORMATION

COUNTY: NC UNINC: ☒ ☐ # REGISTERED OWNERS: 1 # LEGAL OWNERS: 1  
NAME OF FIRST OWNER: TRACI D. ECCLES  
NAME OF SECOND OWNER:  
ADDRESS OF OWNER: P.O. BOX 1140  
CITY: CARSON STATE: WA ZIP CODE: 98610  
NAME OF FIRST LEGAL OWNER: RIVERVIEW SAVINGS BANK  
MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. BOX 1068  
CITY: CAMAS STATE: WA ZIP CODE: 98607  
FEE: FILING FEE: APPLICATION: MOBILE HOME FEES: ELIMINATION: USE TAX: SUB-AGENT FEES: TOTAL FEES & TAX: \$  
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:  
--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.

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X [Signature] RVP

## DEALER'S REPORT OF SALE

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

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine of up to \$5,000 and/or 10 years imprisonment (RCW 48.12.210). I DO SOLEMNLY SWEAR UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER 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

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

SUBSCRIBED TO AND SWORN BEFORE ME THIS 18th DAY OF JULY 1996

## 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 Moser SIGNATURE: X Angela Moser OFFICE/MS OPERATOR NUMBER: 30-01-08 DATE: 10-10-97

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**DESCRIPTION:**

Lot 2 of the SHELLEY GLEN SUBDIVISION, according to the recorded plat thereof, recorded in Book B of Plats, Page 80, in the County of Skamania, State of Washington.