

129805

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

Nov 18 9 56 AM '97

Amoser
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

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

1. Mobile Home Title Elimination
- 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. Henery, David L.
2. Henery, Catherine M.
3. *R v S D*
- 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/plat or section/township/range/quarter/quarter)

A tract of land in the Southeast Quarter of the Northwest Quarter of Section 15, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Hanson Short Plat, as recorded in Book 3 of Short Plats, Page 116, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-15-0-0-0302-00

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.



First American Title
Insurance Company

(this space for title company use only)



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

TPOPLATE NUMBER 8094949 YEAR 1997 MAKE Red MN WIDTH/LENGTH 66/42 VEHICLE IDENTIFICATION NUMBER (VIN) 11823705

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 04-07-15-00-0302-00

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.

BLOG PERMIT #

NAME Ken Baird SIGNATURE/TITLE X Ken Baird Building Permit Officer (509) 427-9484 DATE 10/17/96

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

NAME OF FIRST OWNER DAVID L. HENERY

FILING FEE

NAME OF SECOND OWNER CATHERINE M. HENERY

APPLICATION

ADDRESS OF OWNER 322 Cannavina Rd

MOBILE HOME FEES

CITY Carson STATE WA ZIP CODE 98610

ELIMINATION

NAME OF FIRST LEGAL OWNER RIVERVIEW SAVINGS BANK

USE TAX

MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1068

SUB-AGENT FEES

CITY CAMAS STATE WA ZIP CODE 98607

TOTAL FEES & TAX

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

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

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 46.12.210). I DO SOLEMNLY ATTEST 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

☐ 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 DAY OF NOV 19 96

Residing in (County)

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/YS OPERATOR NUMBER 30-01-08 DATE 11-18-97