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

Dec 2 1 56 PM '97

Drusor
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

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

1. Manufactured 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. Pineo, Scott Bailey
2. Pineo, Marjorie Lea
- 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 3, 4 Over Short Plat

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03 75 01 0 0 0702 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.



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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					
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$44202	78	SUNYB	66/28	S133633AB	

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

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	

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	10/25/96

5 OWNER INFORMATION			
COUNTY	INC	UNINC	# REGISTERED OWNERS
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
# LEGAL OWNERS		Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	
0			

NAME OF FIRST OWNER				FEE	
Scott B. Pineo				FILING FEE	
NAME OF SECOND OWNER				APPLICATION	
Margorie Len Pineo				MOBILE HOME FEES	
ADDRESS OF OWNER				ELIMINATION	
PO Box 1096				USE TAX	
CITY	STATE	ZIP CODE	SUB-AGENT FEES		
Carlson	WA	98610	TOTAL FEES & TAX		
NAME OF FIRST LEGAL OWNER				\$	
MAILING ADDRESS OF FIRST LEGAL OWNER				DEALER'S REPORT OF SALE	
CITY	STATE	ZIP CODE	I certify that this information is correct. The vehicle is clear of encumbrances except as shown.		
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X					

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 ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THE INFORMATION IS ACCURATE.

X <i>[Signature]</i>		WA DLR NO	DATE OF SALE	PURCHASE PRICE
X <i>[Signature]</i>		DEALER NAME		TAX JURISDICTION/TAX RATE
X <i>[Signature]</i>		DEALER'S AUTHORIZED SIGNATURE		
X <i>[Signature]</i>		<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
X <i>[Signature]</i>		Residing in (County)		
X <i>[Signature]</i>		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	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	12-1-97

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Lots 3 and 4, W.A. OBER SHORT PLAT, Block 2, according to the Short Plat thereof, recorded in Book 2, Page 178, Skamnia County Short Plat Record, more particularly described as;

The West 261.17 feet of that poriton of the North Half of the Sotheast Quarter of the Northeast Quarter of Section 1, Township 3 North, Range 71 East of the Willamette Meridian, which lies Southerly of the Old Wind River Highway.