

132088

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Return Address:

Larry Smith
P.O. Box 796
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FILED IN RECORD
SKAILED CO. WASH
BY *Aleanna Smith*

JUL 2 4 11 PM '98
Moser
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. Manufactured Home Application	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. Knight, Roger E. etux	
2.	
3.	
4.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: IE, Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
Lot 1 of the Spencer Garwood Short Plat	
<input checked="" type="checkbox"/> Complete legal on page <u>3</u> of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <u>3-8-21-2-700</u>	
<input type="checkbox"/> Additional parcel #'s on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	



MANUFACTURED HOME APPLICATION

TITLE OPTIONS

- ☐ Original
☐ Transfer
☐ Duplicate
☐ Release

- ☐ 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

RECORDED AT
REQUEST OF:

1		YEAR		1987	MAKE	Guendon	WIDTH/LENGTH	28/36	VEHICLE IDENTIFICATION NUMBER (VIN)	11932	COLOR #1 TOP OR FRONT	TAN	COLOR #2 BOTTOM OR REAR COLOR	DK BRN
2		LAND • Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office. • Land to which the manufactured home is being: <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED												
3		TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership are true and correct. NAME: J. E. Knight TITLE COMPANY/PHONE NUMBER: 427-3281 SIGNATURE: [Signature] DATE: 5-17-96 NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.												
4		BUILDING PERMIT OFFICE CERTIFICATION I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion. NAME: [Blank] SIGNATURE/TITLE: [Blank] BUILDING PERMIT # [Blank] DATE: [Blank]												
5		COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	2	NUMBER OF LEGAL OWNERS	2	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:				FEES	
		NAME OF FIRST REGISTERED OWNER ROGER E. KNIGHT NAME OF SECOND REGISTERED OWNER JUDITH A. KNIGHT ADDRESS OF FIRST REGISTERED OWNER P.O. Box 1063 / 181 Shepherd Falls Rd. CITY CARSON STATE WA ZIP CODE 98610 NAME OF FIRST LEGAL OWNER ROGER E. & JUDITH KNIGHT MAILING ADDRESS OF FIRST LEGAL OWNER P.O. Box 1063 CITY CARSON STATE WA ZIP CODE 98610 * SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR [Blank] DATE [Blank] ELIMINATION OF TITLE: <input checked="" type="checkbox"/>								FILING FEE APPLICATION MOBILE HOME FEES ELIMINATION USE TAX SUB-AGENT FEES TOTAL FEES & TAX \$				
		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. I, the undersigned, DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM ONE OF THE REGISTERED OWNERS OF THIS MANUFACTURED HOME AND THE INFORMATION IS ACCURATE. X [Signature] OWNER X [Signature] OWNER X [Signature] OWNER NOTARY OR LICENSED AGENT FOR THE STATE OF WASHINGTON X [Signature] Day of MAY 1996								DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. DEALER NAME [Blank] WA DLN NO. [Blank] DEALER'S AUTHORIZED SIGNATURE [Blank] Residing in [Blank] County [Blank] USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)		PURCHASE PRICE \$ TAX JURISDICTION/TAX RATE DATE OF SALE		
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/VS OPERATOR NUMBER: 30-01-08 DATE: 6-22-98												
7		RECORDING OFFICE This form has been recorded in the county records. RECORDING NUMBER [Blank] COUNTY [Blank] VOLUME/PAGE [Blank] DATE [Blank]												

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LEGAL DESCRIPTION

LAND IN THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 21, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 1 OF THE SPENCER GARWOOD SHORT PLAT, RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 94, SKAMANIA DEED RECORDS.