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133332

FILED FOR RECORD AT REQUEST OF
SKAMANIA CO. TITLE
Nov 6 9 38 AM '98
AMOSER
AUDITOR
GARY E. OLSON

AFTER RECORDING MAIL TO:

Name_____

Address_____

City / State_____

Document Title(s): (or transactions contained therein)
1. MOBILE HOME TITLE ELIMINATION
2.
3.
4.

First American Title Insurance Company

(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. Hildenbrand, Robert L.
2. Hildenbrand, Hetty G.
3.
4.
5. ☐ Additional names on page __1__ of document

Grantee(s): (Last name first, then first name and initials)
1. State of Washington
2. Department of Licensing
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)

SE¼ of the NE¼ of the SW¼ of S26, T4N, R7E

☐ Complete legal description is on page __3__ of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-26-3-0-0900-00

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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STATE OF WASHINGTON Department of **LICENSING**

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF: NAME / ADDRESS

Please check one

- [X] **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)

1 MANUFACTURED HOME

TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1970	PARKWOOD	48/24	2452428 54X

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 [X] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 04-01-26-3-0-0900 (0)

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	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT # / DATE
Ken Baird	X Ken Baird Bldg. Inspector	(509) 427-9484	11/26/96

5 OWNER INFORMATION

COUNTY #	INC. [X]	UNINC [ ]	# REGISTERED OWNERS	# LEGAL OWNERS
			2	1

NAME OF FIRST OWNER: ROBERT L. HILDENBRAND
NAME OF SECOND OWNER: HETTY G. HILDENBRAND
ADDRESS OF OWNER: 601 TROUT CREEK ROAD
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

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: 062001573

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

FEES	
FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$

*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 [illegible] and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner(s) Sign(s) & Title(s)

X Robert L. Hildenbrand
X Hetty G. Hildenbrand
X

NOTARY OR LICENSE AGENT & NUMBER: X Dep. J Bunum

SUBSCRIBED TO AND SWORN BEFORE ME THIS 1ST DAY OF JUNE 19 96

Residing in (County)

DEALER'S REPORT OF SALE

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

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)

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	11-5-98

STATE OF WASHINGTON MAY 9, 1996

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A tract of land in the Southeast Quarter of the Northeast Quarter of the Southwest Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the DIAL SHORT PLAT, recorded in Book 3 of Short Plats, Page 56, Skamania County records.