

133332

BOOK 183 PAGE 25

FILED
SEAL
SKALAWA CO. TITLE

NOV 6 9 38 AM '98

AMOSER

ASSISTANT

GARY H. OLSON

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

Document Title(s): (for 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. 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.

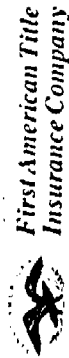
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

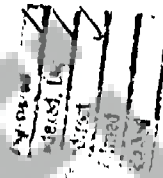
SE1 of the NE1 of the SW1 of S26, T4N, R7E

☐ Complete legal description is on page 3 of document

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



(this space for title company use only)



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

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)

RECORDING CLOCK		FILED AT THE REQUEST OF:	
NAME		ADDRESS	
1 MANUFACTURED HOME		VEHICLE REGISTRATION NUMBER (VIN)	
TOP PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
1970	1970	Parkwood	48/24
2 LAND		PROPERTY TAX PARCEL NUMBER	
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).		04-07-26-3-0-0800	
3 TITLE COMPANY CERTIFICATION		AFFIXED ☐ REMOVED ☐	
I certify that the legal description of the land and ownership is true and correct per the real property records.			
NAME		SIGNATURE	
TITLE COMPANY/PHONE NUMBER		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		BLOG PERMIT OFFICE/PHONE #	
Ken Baird		(509) 427-9484	
5 OWNER INFORMATION		DATE	
COUNTY	INC UNIC	# REGISTERED OWNERS	# LEGAL OWNERS
WA		2	1
NAME OF FIRST OWNER		Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	
ROBERT L. HILDENBRAND			
NAME OF SECOND OWNER			
HELEN G. HILDENBRAND			
ADDRESS OF OWNER			
601 TROUT CREEK ROAD			
CITY		STATE	
CARSON		WA	
ZIP CODE		98610	
NAME OF FIRST LEGAL OWNER		STATE	
RIVERVIEW SAVINGS BANK		WA	
MAILING ADDRESS OF FIRST LEGAL OWNER		ZIP CODE	
P.O. Box 1068		98607	
CITY		STATE	
CANAS		WA	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY.		DATE	
[Signature]		11/26/98	

FILING FEE		APPLICATION		WORK HOME FEES		ELIMINATION		USE TAX		SUB-AGENT FEES		TOTAL FEES & TAX	
DEALER'S REPORT OF SALE													
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.													
DATE OF SALE		PURCHASE PRICE		DEALER NAME		DEALER'S AUTHORIZED SIGNATURE		DATE OF SALE		PURCHASE PRICE		TAX JURISDICTION/TAX RATE	
USE TAX EXEMPT Sale to a Certified Tribal Member on the reservation (attach notarized statement of delivery) Residing in (County)													
SUBSCRIBED TO AND SWORN BEFORE ME THIS 15th DAY OF JUNE 1998													
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/PHONE NUMBER		DATE		NAME		SIGNATURE		OFFICE/PHONE NUMBER	
Angela Moser		[Signature]		30-01-08		11-5-98		NAME		SIGNATURE		OFFICE/PHONE NUMBER	

Anyone who knowingly makes a false statement or material fact is guilty of a felony, and upon conviction may be punished by imprisonment for not more than 5 years and/or 10 years imprisonment (RCW 4B.12.210). I DO SOLEMNLY SWEAR UNDER THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS TRUE AND CORRECT.

[Signature]

STATE OF WASHINGTON

DATE OF BIRTH

1970

15

DAY OF JUNE

1998

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

[Signature]

OFFICE/PHONE NUMBER

30-01-08

DATE

11-5-98

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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.

