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FILED
SEAL
BY BRAMMIE CO. INC.

Nov. 6 10 29 AM '98

Amos R
GARY H. CLSON

AFTER RECORDING MAIL TO:

Name Evert's

Address PO Box 91

City/State Carson WA. 98610

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. Evert, Robert F.
2. Evert, Patricia A
- 3.
- 4.

5. ☐ Additional names on page _____ 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)

Lot 39 Columbia Heights

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-4-1-5400-00

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.



SEARCHED
INDEXED
SERIALIZED
FILED



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)
+ 064952 1994 GOLDEN PAC 36/60 CE13325

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

03-08-29-4-1 5460

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.

BLOG PERMIT #

NAME SIGNATURE/TITLE BLOG PERMIT OFFICE/PHONE # DATE
Ken Baird X Ken Baird 509 427-9484 12/17/96

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

ROBERT F. EVERT

NAME OF SECOND OWNER

PATRICIA A. EVERT

ADDRESS OF OWNER

P.O. BOX 91

CITY

CARSON

STATE

WA

ZIP CODE

98610

NAME OF FIRST LEGAL OWNER

COMMUNITY LENDING INC.

MAILING ADDRESS OF FIRST LEGAL OWNER

5620 NE GHER ROAD STEE

CITY

VANCOUVER

STATE

WA

ZIP CODE

98662

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: Max Dyer 12-9-96

-OR- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.

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 AFFIRM 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'S SIGNATURE

SUBSCRIBED TO AND SWORN BEFORE ME THIS

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/VEHICLE OPERATOR NUMBER DATE
Angela Moser x Angela Moser 30-01-08 11-5-98

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Lot 39, COLUMBIA HEIGHTS, according to the recorded plat thereof, recorded
in Book A, Page 136, in the County of Skamania, State of Washington.