

136934

BOOK 195 PAGE 356

FILE
SKAMANIA CO, TITLE

Dec 1 1 52 PM '99

GARY L. OLSON

RETURN ADDRESS

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

- ☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ REMOVAL FROM REAL PROPERTY

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, imprisonment, or both. (RCW 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH WIDTH FEET	VEHICLE IDENTIFICATION NUMBER (VIN)
Z10773	1980	Kozy	28 X 36	SE3359A

2 LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
03-08-22-4-0-0302-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
-----	-------	-----------	------------------------

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER
STEVEN D. COCHRANNAME OF ADDITIONAL REGISTERED OWNER
IRENE E COCHRAN

ADDRESS	CITY	STATE	ZIP CODE
132 Cochran Lane	Home Valley	WA	98610

NAME OF LEGAL OWNER
Clark County School Employee Credit Union

NAME OF ADDITIONAL LEGAL OWNER	ADDRESS	CITY	STATE	ZIP CODE
	PO Box 1739	Vancouver	WA	98668

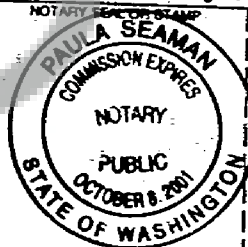
GRANTEE

DEPARTMENT OF LICENSING

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM / ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Signature of Registered Owner and Title, IF APPLICABLE

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington	County of Skamania	Signed or attested before me on	7-16-99
by Steven D. Cochran	Signature	Paula Seaman	
by Irene E. Cochran	Signature	Paula Seaman	
PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY	County/Office No. OR	10-8-2001
by Notary	AND: Dealer No. OR	Notary Expiration Date	

4 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME (TYPED OR PRINTED) TITLE COMPANY / PHONE NUMBER

SIGNATURE / POSITION

DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that: ☒ the manufactured home has been affixed to the real property as described.
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.NAME (TYPED OR PRINTED)
Marlon MoratBLDG PERMIT OFFICE/PHONE #
509-427-9484

BLDG PERMIT #

SIGNATURE / POSITION

Building Inspector

DATE
11-17-99

BOOK 195 PAGE 357

6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <i>Lori A Marlow</i> REAL ESTATE LENDING MANAGER					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
NOTARY SEAL KRISTI A. WALTER NOTARY PUBLIC STATE OF WASHINGTON EXPIRATION DATE: SEPTEMBER 2001		State of Washington County of <i>Clark</i>		Signed or attested before me on <i>7-20-99</i>	
		PRINT NAME OF LEGAL OWNER <i>LORI A MARLOW</i>		Signature <i>Kristi A. Walter</i>	
		by PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <i>Kristi A. Walter</i>	
		Title		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A tract of land in the Northwest Quarter of the Southeast Quarter of Section 22, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows; Lot 2, COCHRAN SHORT PLAT, recorded in Book 2 of Short plats, Page 159, Skamania County Records.					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)			WA DEALER NUMBER	DATE OF SALE	
PURCHASE PRICE	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).					
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)					
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 (TYPED OR PRINTED) <i>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>			DATE <i>12-1-99</i>		
10 TITLE FEES					
FLING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form. APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee. For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.					

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.