

Return Address:

Ronna Wallace  
PO Box 1045  
Washougal WA 98671

Document Title(s) or transactions contained herein:

Temporary Hardship Applicant Affidavit

GRANTOR(S) (Last name, first name, middle initial)

RONNA WALLACE  
Doug Wallace

☐ Additional names on page \_\_\_\_\_ of document.

GRANTEE(S) (Last name, first name, middle initial)

The Public

☐ Additional names on page \_\_\_\_\_ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

S-19 T-2 R-5

☐ Complete legal on page \_\_\_\_\_ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

2-5-19-700

☐ Property Tax Parcel ID is not yet assigned

☐ Additional parcel numbers 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.

## Temporary Hardship Applicant Affidavit

Name RONNA WALLACE Phone 360-835-7937  
Address 392 NEWQUIST Rd.  
City Washougal State WA Zip 98671

☐ Medical. Letter from Doctor Required.

I, Doug Wallace am applying for the Temporary Hardship Permit. A mobile home will be used as a temporary hardship for Ronna Wallace.

This permit is being issued only upon meeting certain criteria which I have sworn, under oath, are true or exist. I understand that the Temporary Hardship will be valid only two (2) years. At the end of the two-year period this permit will be reviewed. If all the requirements of the original permit can still be met, the permit may be renewed for 2 more years. This mobile home is placed at:

Parcel ID # 2-5-19-700 S- 19 T- 2 R- 5

I agree to file a copy of this document with the Auditor's Office and a stamped copy, after recording, with Southwest Washington Health District, Environmental Health Services.

Date 9-26-05

Owner's Signature Ronna Wallace

State of Washington )

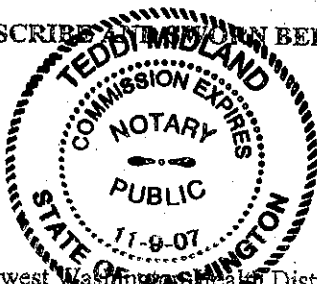
County of Clark )

Stamania

I certify that I know or have satisfactory evidence that Ronna Wallace

is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

SUBSCRIBE AND SIGN BEFORE ME



Signature

Date

Notary Public in and for the State of Washington,  
Residing at Stevenson therein.  
My commission expires 11-9-07

Southwest Washington Health District  
W:\files\ehs\sandib\temporary hardship applicant affidavit