



MANUFACTURED HOME APPLICATION

FILED FOR RECORD
RECORDED'S CLOCK
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

FEB 8 2 30 PM '94

RECORDED AT
REQUEST OF:
GARY M. OLSON

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Reissue

☒ 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)

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR
1993	GUERDON	48 x 36	GDSTOR309215006		

2. **LAND** **BOOK 144 PAGE 366**

• Attach a copy of the legal description of your land. It can be obtained from your County Assessor's Office.
• Land to which the manufactured home is being: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER: 02-05-32-3-0-0300-00

3. **TITLE COMPANY CERTIFICATION** Lot 36, 37 & 38, WASHOUGAL RIVERSIDE TRACTS

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
April Sykes	Skamania Co. Title	<i>[Signature]</i>	1/20/94

NOTE: Application must be finalized with a Licensing Agent within 30 calendar days of the date signed by the Title Company Representative.

4. **BUILDING PERMIT OFFICE CERTIFICATION**

I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.

NAME	SIGNATURE/TITLE	BLDG PERMIT #	DATE
Dean Nygaard	<i>[Signature]</i>	2518	1-14-94

BLDG PERMIT OFFICE/PHONE NUMBER: 277-9484

5. **OWNER INFORMATION**

COUNTY # ☐ INC ☐ UNINC ☒ NUMBER OF REGISTERED OWNERS: 2 NUMBER OF LEGAL OWNERS: 1

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

NAME OF FIRST REGISTERED OWNER	NAME OF SECOND REGISTERED OWNER
Earl D. Meininger	Teresa G. Meininger

ADDRESS OF FIRST REGISTERED OWNER: M.P. 68R Washougal River Road, Washougal, WA 98671

NAME OF FIRST LEGAL OWNER: North American Mortgage Company

MAILING ADDRESS OF FIRST LEGAL OWNER: 4000 Kruse Way Place Suite 130, Lake Oswego, OR 97035

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: *[Signature]* 2/7/94

More than two registered or one legal owner? ☐ Please use attachment forms (TD-420-732)

FEE'S

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

Anyone who knowingly makes a false statement of a motor vehicle 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 ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Registered Owner Signature(s): *[Signature]* (Title)

DEALER'S REPORT OF SALE

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

DEALER NAME	PURCHASE PRICE
WA DLR NO.	TAX JURISDICTION/TAX RATE
DEALER'S AUTHORIZED SIGNATURE	DATE OF SALE

WA DLR NO. ☒ DEALER'S AUTHORIZED SIGNATURE *[Signature]*

Residing in Stevenson, Skamania County

NOTARY OF LICENSING AGENT'S NUMBER: Subscribed and Sworn to Before Me This 20 Day of Jan. 1994

USE TAX EXEMPT: ☐ Sale to Indian on the Reservation (attach notarized statement of delivery)

6. **COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)**

I have reviewed the above application and it appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME	SIGNATURE	OFFICE/VEH OPERATOR NUMBER	DATE
Angela Moser	<i>[Signature]</i>	30-01-08	2-9-94

7. **RECORDING OFFICE**

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
118708	Skamania	141/366	2/8/94