



MANUFACTURED HOME APPLICATION

FILED IN COUNTY OF SKAMANIA WASH BY SKAMANIA CO. TITLE FEB 8 2 30 PM '94 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)

1 MANUFACTURED HOME
YEAR: 1992 MAKE: GUERDON WIDTH/LENGTH: 48 x 24 VEHICLE IDENTIFICATION NUMBER (VIN): GDSTOR309215006

2 LAND BOOK 141 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: [X] AFFIXED [] REMOVED
PROPERTY TAX PARCEL NUMBER: 02-05-32-3-0-0300-00

3 TITLE COMPANY CERTIFICATION Lot 36, 37 & 38, WASHOUGAL
I certify that the legal description of the land and ownership are true and correct. RIVERSIDE TRACTS
NAME: April Sykes TITLE: COMPANY/PHONE NUMBER: Skamania Co. Title SIGNATURE: [Signature] DATE: 1/20/94

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: Dean Nygaard SIGNATURE/TITLE: [Signature] BLDG PERMIT OFFICE/PHONE NUMBER: 427-9484 DATE: 1-14-94

5 OWNER INFORMATION
COUNTY: INC: UNINC: [X] NUMBER OF REGISTERED OWNERS: 2 NUMBER OF LEGAL OWNERS: 1
NAME OF FIRST REGISTERED OWNER: Earl D. Meininger
NAME OF SECOND REGISTERED OWNER: Teresa G. Meininger
ADDRESS OF FIRST REGISTERED OWNER: M.P. 68R Washougal River Road, Washougal, WA 98671
Mailing Address of First Legal Owner: North American Mortgage Company, 4000 Kruse Way Place Suite 130, Lake Oswego, OR 97035

DEALER'S REPORT OF SALE
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.
DEALER NAME: [Blank] DATE OF SALE: [Blank]
WA DLR NO.: [Blank] DEALER'S AUTHORIZED SIGNATURE: [Signature]

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)
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: 2-8-94

7 RECORDING OFFICE
This form has been recorded in the county records.
RECORDING NUMBER: 118708 COUNTY: Skamania VOLUME/PAGE: 141/366 DATE: 2/8/94