



Return to: Continental Escrow Company, 1601 William Way, Mount Vernon, WA 98273

Loan #113654-V

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**Manufactured Home TITLE COMPANY OF SKAGIT COUNTY** JERRY MCINTURFF  
SKAGIT COUNTY AUDITOR

**9206020069**

Year 1988 Make FUQUA Width 28 Length 60

Vehicle Identification Number 9745 '92 JUN -2 P1:00

Registered Owners: RECORDED \_\_\_\_\_ FILED \_\_\_\_\_  
Names Brad R. Johnson and Margaret M. Johnson REQUEST OF Brad R. Johnson  
Signatures Margaret M. Johnson

Legal Owners:  
Names Continental Savings Bank Signatures John - Helen

\*SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/IS BEING AFFIXED.

**Land to Which Manufactured Home is Being Affixed:**

Property Tax Parcel Number 283304-2-0040007

1986 in Book 7 of Short Plats, page 136, under Auditor's File No. 8611200004 and being a  
Legal Description portion of the Northwest 1/4 of the Northwest 1/4 of Section 28, Township 33 North, Range 4 East, W.M.. Situate in the County of Skagit, State of Washington.

Owners' Names Brad R & Margaret M Johnson Signatures Brad R. Johnson Margaret M. Johnson

\*SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY LISTED ABOVE.

**Building Permit Office Certification:**

I certify that the manufactured home has been affixed to the real property as described above and/or building permit number 19564 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.

Marge Swint Marge Swint Skagit County 2/6/92 3369410

NAME SIGNATURE BLDG. PERMIT OFFICE DATE PHONE NUMBER

**County Auditor/Agent Licensing Office Approval: (Not for use by subagents)**

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

Rosilyn Spray Rosilyn Spray 6-2-92

NAME SIGNATURE OFFICE/CAAP OPERATOR NUMBER DATE

**Recording Office:**

I certify that this form has been recorded in the county records.

Cheryl Jungquist Skagit 6-2-92 9206020069

NAME SIGNATURE COUNTY DATE RECORDING NUMBER

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.

**9206020069**

BK1082PGU259