

34940  
FIRST AMERICAN TITLE INSURANCE COMPANY

*Little Elm* *152* **9206240036**

**Manufactured Home:**

Year 1991 Make BRAD Width 28 Length 40 **RECEIVED**

Vehicle Identification Number BD10132 **MAY 19 1992**

**Registered Owners:**

Names CARL & ALICE DEWEY Signatures<sup>1</sup> *X Alice C Dewey*  
*X Carl J Dewey*

**Legal Owners:**

Names CARL & ALICE DEWEY Signatures<sup>1</sup> *X Alice C Dewey*  
*X Carl J Dewey*

<sup>1</sup>SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 64.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH THIS/IS BEING AFFIXED.

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

Property Tax Parcel Number 3822-000-122-0003

Legal Description Lot 122, Skyline Division No. 6, Skagit County, Washington

Owners' Names Carl & Alice Dewey Signatures<sup>2</sup> *X Alice C Dewey*  
*X Carl J Dewey*

<sup>2</sup>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 8902 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion. *C.O. ISSUED 16 NOV 91*

*E. FRANK* *E. Frank* CITY OF ANACORTES 11 MAY 92 293-1901

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* 2901 6-24-93

NAME SIGNATURE OFFICE/CAAP OPERATOR NUMBER DATE

**Recording Office:**

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

*Cheryl Jungquist* *Cheryl Jungquist* Skagit 6/24/92 **9206240036**

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.