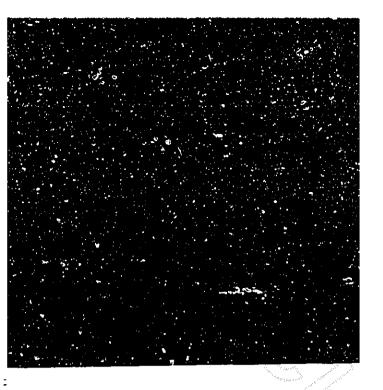


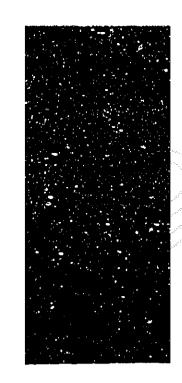
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wners' Name	s Fileen (Kenner Mic	hael J. Otori	erbignatures ²	o full ALEXCEPTION	ENT LISTES	Marly K	Ha
uilding Permit	Office Certific	ation:						
ertify that th	e manufactured	I home has be	en affixed to t	he real property	as described	above and	or building pe	rmit
A**.	738 has be completion.	een issued to	the pulpose (n amany me i	Hanutactureu	nome to ti		e particular de la companya de la c
sanne	Ostiun.	e sk	AGIT COUNTY PE	RMIT CENTER	9-23	-92	336-941	0
ME	SIGNATURI		BLDG PERMI	T OFFICE	DATE		PHONE N	UMBER
		<u> </u>						
ounty Audito	r/Agent Licens	ing Office Ap	proval: (Not fo	or use by subag	gents)			
certify that the	ne above applic to proceed w	ation appears th the record	to have been ing of this for	completed corr	ectly, and tha	t the appli	cant has suffic	cient
		SIGNATIÙRE	Rosle	OFFICE CAAP	OPERATOR NUMBER	101	11-70	DATE
	$\mathcal{L} \subset \mathcal{L}$	<u> </u>	Losle	OFFICE CAAP	OPERATOR NUMBER	701	11-70	DATE

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.

9211190139

RECORDING NUMBER







MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT LEGAL DESCRIPTION OF LAND

This form is to be used when there is not sufficient room on TD-420-729, TD-420-730, or TD-420-731 to provide the legal description of the land. This form must be recorded with the Manufactured Home Form, and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check	type of application:	Title Elin	From Real	Property
Land:	Property Tax Parcel	Number	3919-000)-008-0006
	Legal Description:			The second se

Tract 8 of "GLENWOOD ACRES PLAT, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 7 of Plats, page 95, records of Skagit County, Washington.

REQUEST OF _____

JERNY MCINIURITA
SKAGIT COUNTY AUDITOR
OD WITH THE PROPERTY AUDITOR

Recording Office of County In Which Real Property Is Located I certify that this form has been recorded in the county records.

NAME SIGNATURE

COUNTY

DATE

RECORDING NUMBER