

UNOFFICIAL

title Elim 5/2/93

JERRY MCINTURFF
SKAGIT COUNTY AUDITOR

Manufactured Home: **9301190124** '93 JAN 19 P2:00

Year 1979 Make OAKRIDGE Width 24/60 Length _____

Vehicle Identification Number 09L14901xU

Registered Owners:
 Names Howard L. Sparrs Signatures' Lydia M. Sparrs
 HOWARD L. SPARRS LYDIA M. SPARRS

Legal Owners:
 Names OLYMPUS MORTGAGE CORPORATION Signatures' BY: [Signature]

*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/HEY OWN AND TO WHICH IT IS/IS BEING AFFIXED

RECORDED FILED
REQUEST OF Lydia M. Sparrs
1021 Riverside Dr
mt Vernon WA
98273

Land to Which Manufactured Home is Being Affixed:

Property Tax Parcel Number 4076-081-005-0000

Legal Description Lots 4 and 5, Block 81, "AMENDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASH"
Volume 3 of Plats, page 17, records of Skagit County, Wa. Situate in the
City of Burlington, County of Skagit, State of Washington.

Owners' Names Howard L. Sparrs Signatures' Lydia M. Sparrs
 HOWARD L. SPARRS LYDIA M. SPARRS

*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 403 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.

[Signature] Bldg. Permit Office City of Burlington 1-13-93 255-0077
 NAME SIGNATURE BLDG. PERMIT OFFICE DATE PHONE NUMBER

Based on a permit issued 6-3-86 by City of Burlington

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.

CRYSTAL R. FERRIS Crystal R. Ferris 2901-10 1-19-93
 NAME SIGNATURE OFFICE/CAAP OPERATOR NUMBER DATE

Recording Office:

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

Cheryl Jungquist Skagit 1-19-93 9301190124
 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.

9301190124

BK 1155 PG 0377