

SA-12613

MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:	9309070135						
Year	1990	Make	GOLDW	Width	28	Length	60
Vehicle Identification Number	BD9138				JERRY MCINTURFF SKAGIT COUNTY AUDITOR 93 SEP -7 P3:42		
Registered Owners:					RECORDED _____ FILED _____ REQUEST OF _____		
Names	BONNIE G. FAULKNER				Signatures	<i>Bonnie G. Faulkner</i>	
Legal Owners:	WASHINGTON MUTUAL SAVINGS BANK						
Names	<del>BONNIE G. FAULKNER</del>				Signatures	<del><i>Bonnie G. Faulkner</i></del> <i>ABT - Manager</i>	
<small><sup>1</sup>SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 45.12 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.</small>							

Land to Which Manufactured Home is Being Affixed:			
Property Tax Parcel Number	3822-000-020-0006		
Legal Description	Lot 20, Skyline No. 6		
Owners' Names	BONNIE G. FAULKNER	Signatures	<i>Bonnie G. Faulkner</i>
<small><sup>2</sup>SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY LISED ABOVE.</small>			

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 <u>7866</u> has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.				
NAME	SIGNATURE	BLDG PERMIT OFFICE	DATE	PHONE NUMBER
<i>Don meadame</i>	<i>Donmeame</i>	City of Anacortes	6/23/93	293-1901

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.			
NAME	SIGNATURE	OFFICE/CAAP OPERATOR NUMBER	DATE
<i>Anna Ramirez</i>	<i>AR</i>	29-0107-93-92	

Recording Office:				
I certify that this form has been recorded in the county records.				
NAME	SIGNATURE	COUNTY	DATE	RECORDING NUMBER
<i>Cheryl Jungquist</i>	<i>Cheryl Jungquist</i>	Skagit	9-7-93	9309070135

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.