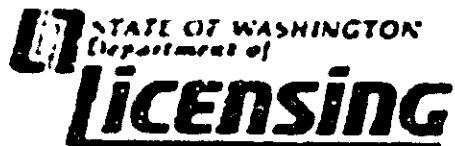


9402030043



MANUFACTURED HOME APPLICATION

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Reissue

☒ TITLE ELIMINATION (Complete all but section 3, below)
☐ TRANSFER IN LOCATION (Complete ALL sections below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

T-72723-E

RECORDER'S CLOCK

JERRY MONTFORT
SKAGIT COUNTY AUDITOR

'94 FEB -3 A9:29

RECORDED AT
REQUEST OF:

MANUFACTURED HOME

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	REQUEST OF COLOR #2 BOTTOM OR REAR COLOR:
1983	Belmt	56/24	10432		

LAND

- Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
- Land to which the manufactured home is being: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
3957-000-006-0001

TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
Nancy Lea Cleave	Land Title Co.-336-2158	<i>[Signature]</i>	2-2-94

NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

BUILDING PERMIT OFFICE CERTIFICATION

I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.

BLDG PERMIT #
14628

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
	X		

OWNER INFORMATION

COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	*FEES
			1	1		
NAME OF FIRST REGISTERED OWNER James Larson						FLING FEE
NAME OF SECOND REGISTERED OWNER						APPLICATION
ADDRESS OF FIRST REGISTERED OWNER 718 Old Hwy 99 North						MOBILE HOME FEES
CITY Burlington, WA 98233						ELIMINATION
NAME OF FIRST LEGAL OWNER Same as Registered owner above						USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER						SUB-AGENT FEES
CITY Burlington, WA 98233						TOTAL FEES & TAX
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X						\$

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Registered Owner Signature(s): *[Signature]* (Title)

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME	DATE OF SALE
WA DLR NO.	DEALER'S AUTHORIZED SIGNATURE
	X

NOTARY OR LICENSING AGENT & NUMBER	Subscribed and Sworn to Before me This	Reading in	USE TAX EXEMPT
Nancy Lea Cleave	Day of February 94	Skagit	Sale is shown on the Reservation (attach notarized statement of delivery)

COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

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

NAME	SIGNATURE	OFFICER'S OPERATOR NUMBER	DATE
	X <i>[Signature]</i>	7401-11	2-3-94

RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
	Skagit		2/3/94

9402030043