

RETURN TO: ISLAND TITLE CO.  
SB-5122



## 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)

### RECORDER'S CLOCK

RECORDED BY  
KAG 1000-10000000

94 APR 18 P3:35

RECORDED BY  
REQUEST OF: \_\_\_\_\_

1 MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1991	FLTWD	28/66	QRFLM48A12776GH		

2 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: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	PROPERTY TAX PARCEL NUMBER 3877-000-215-0005

3 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership are true and correct.			
NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE X	DATE
NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.			

4 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.			
NAME Shirley Purnell	SIGNATURE/TITLE X Shirley Purnell	BLDG PERMIT OFFICE/PHONE NUMBER 336-4410	DATE 12/07/93

5 OWNER INFORMATION					*FEES	
COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	FILING FEE
REGISTERED	NAME OF FIRST REGISTERED OWNER VEENSTRA, ROBERT					APPLICATION
	NAME OF SECOND REGISTERED OWNER VEENSTRA, SHIRLEY A					MOBILE HOME FEES
	ADDRESS OF FIRST REGISTERED OWNER 812 CEDARGROVE AVENUE					ELIMINATION
	CITY CONCRETE STATE WA ZIP CODE 98237					USE TAX
LEGAL	NAME OF FIRST LEGAL OWNER* FIRST INTERSTATE BANK					SUB-AGENT FEES
	MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 160					TOTAL FEES & TAX
	CITY ANACORTES STATE WA ZIP CODE 98221					\$
	*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X 11-30-93					

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/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Registered Owner Signature(s): X Robert Veenstra X Shirley A. Veenstra	DEALER'S REPORT OF SALE I certify that the vehicle is correct. The vehicle is clear of encumbrances except as shown. DEALER NAME WA DLR NO. DEALER'S AUTHORIZED SIGNATURE X		PURCHASE PRICE \$ TAX JURISDICTION/TAX RATE DATE OF SALE
	NOTARY OR LICENSE AGENT & NUMBER X ROBERT N HANCOCK 3077 Day of NOV 18 93		USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)
	Subscribed and Sworn to Before Me This Day of NOV 18 93		
	Residing in BURLINGTON SKAGIT County		

6 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 DEPT. OF LICENSING	SIGNATURE X Leggett, J. Siedel	OFFICE/VFS OPERATOR NUMBER 29-01-04	DATE 4/18/94
RECORDING OFFICE This form has been recorded in the county records.			
RECORDING NUMBER 9404180128	COUNTY SKAGIT	VOLUME/PAGE 0546	DATE 4-18-94



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 Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

Land: Property Tax Parcel Number 3877-000-215-0005

Legal Description: 812 CEDARGROVE AVE., CONCRETE, WA 98237  
LOT 215, CEDARGROVE ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF  
RECORDED IN VOLUME 9 OF PLATS, PAGES 48 THROUGH 51, RECORDS OF  
SKAGIT COUNTY, WASHINGTON.

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
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