



MANUFACTURED HOME APPLICATION
9405250037

RECORDER'S CLOCK
JERRY MCINTURFF
SKAGIT COUNTY AUDITOR
94 MAY 25 AM 11:11
RECORDED BY ORDER OF [Signature] FILED

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)

1 MANUFACTURED HOME REQUEST #
YEAR MAKE WIDTH/LENGTH VEHICLE IDENTIFICATION NUMBER (VIN) COLOR #1 TOP OR FRONT: COLOR #2 BOTTOM OR REAR COLOR:
76 BARR 64/24 643L03117654339

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: AFFIXED REMOVED
PROPERTY TAX PARCEL NUMBER: 350608-0-007-0008

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 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.
BLDG PERMIT # 26770
NAME SIGNATURE/TITLE BLDG PERMIT OFFICE/PHONE NUMBER DATE
JEANNE OSTLUND X Jeanne Ostlund/Permit Tech 206 336 9410 5-10-94

5 OWNER INFORMATION
COUNTY # INC UNINC NUMBER OF REGISTERED OWNERS 2 NUMBER OF LEGAL OWNERS 1 Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:
NAME OF FIRST REGISTERED OWNER Self Kevin L.
NAME OF SECOND REGISTERED OWNER Self Barbara J.
ADDRESS OF FIRST REGISTERED OWNER P.O. Box 151
CITY Lyman STATE WA ZIPCODE 98263
NAME OF FIRST LEGAL OWNER West One Bank, WA
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. Box 271
CITY Sedro-Woolley, WA STATE WA ZIPCODE 98284
SIGNATURE OF LEGAL OWNER [Signature]
ELIMINATION OF TITLE: X Sally [Signature]
This "NUMBER" may be found on your Washington Drivers License/I.D. Card -OR- if the owner is a business, provide the Unified business identifier (UBI) number.
More than two registered or one legal owner? . . . Please use attachment forms (TD-420-732)
FILING FEE APPLICATION MOBILE HOME FEES ELIMINATION USE TAX SUB-AGENT FEES TOTAL FEES & TAX \$

DEALER'S REPORT OF SALE
I certify that this information 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
Subscribed and Sworn to Before Me This 24th Day of May 1994 Skagit County
USE TAX EXEMPT (See to Indian on the Reservation (attach returned statement of delivery))

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 SIGNATURE OFFICE/PHONE NUMBER DATE
DEPT. OF LICENSING [Signature] 29-01-04 5/25/94

7 RECORDING OFFICE
This form has been recorded in the county records.
RECORDING NUMBER 9405250037 COUNTY Skagit VOLUME/PAGE 334 PG 0180 DATE 5-25-94