

#39102



REAL ESTATE TITLE INSURANCE COMPANY

MANUFACTURED HOME APPLICATION

9407120132

RECORDER'S CLOCK
JERRY MCINTURFF
SKAGIT COUNTY AUDITOR
94 JUL 12 P3:46
RECORDED AT REQUEST OF

- TITLE OPTIONS
- Original
 - Transfer
 - Duplicate
 - Release
 - 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

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1994	LEXINGTON	42' x 56/28'	2T91-0467-G ABC		

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: 350308-0-014-0002

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
		X	

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	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Jody Ann Goodman	X Jody Ann Goodman	336-9410	6/28/94

5 OWNER INFORMATION

COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	1	NUMBER OF LEGAL OWNERS	1	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	FILING FEE
NAME OF FIRST REGISTERED OWNER JANE FRANCES SULLIVAN							S U L L I J F 5 5 1 C 2	APPLICATION
NAME OF SECOND REGISTERED OWNER								MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER 1182 SULLIVAN ROAD							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. 601 1052 428	ELIMINATION
CITY			STATE	ZIP CODE				USE TAX
BOW			WA	98232				SUB-AGENT FEES
NAME OF FIRST LEGAL OWNER KEYCORP MORTGAGE, INC.							More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)	TOTAL FEES & TAX
MAILING ADDRESS OF FIRST LEGAL OWNER 17311 SMOKEY POINT ROAD								\$
CITY			STATE	ZIP CODE				
ARLINGTON			WA	98223				
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: <i>[Signature]</i>								

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 4B.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:

DEALER'S REPORT OF SALE

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

PURCHASE PRICE	\$55,547.50
TAX JURISDICTION/TAX RATE	7.7%
DATE OF SALE	7/5/94
DEALER NAME	Coch Coach
WA DLR NO.	4278
DEALER'S AUTHORIZED SIGNATURE	X <i>[Signature]</i>

Subscribed and Sworn to Before Me This Day of *June* 19*94*

USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized 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/VPS OPERATOR NUMBER	DATE
DEPT. OF LICENSING	X <i>[Signature]</i>	29-01-04	7/12/94

7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9407120132	Skagit	BK 1351 PG 0523	7-12-94