



9409260076

MANUFACTURED HOME
APPLICATION

Please check one

- ☒ 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)

Land Title Co.

RECORDER'S CLOCK

JERRY MCINTURE
SKAGIT COUNTY AUDITOR

94 SEP 26 P1:27

RECORDED

REQUEST OF

FILED AT THE REQUEST OF:

NAME
LAND TITLE COMPANYADDRESS
P. O. BOX 1225
MOUNT VERNON, WA
98273

1 MANUFACTURED HOME

TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1994	SKYLINE	BROOKSTONE	

2 LAND

Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).
Manufactured home will be ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
360425-1-012-0100

3 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

4 BUILDING PERMIT OFFICE CERTIFICATION

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

BLDG PERMIT #
28229
94-0329

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Doreen Rume	Permit Tech	336-9410	9/26/94

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FILING FEE
	<input type="checkbox"/>	<input type="checkbox"/>				

REGISTERED	NAME OF FIRST OWNER BOWSER, BRUCE L.			BOWSEBL355M1	APPLICATION
	NAME OF SECOND OWNER BOWSER, KIMBERLY A.			BOWSEKA379C3	MOBILE HOME FEES
	ADDRESS OF OWNER 411 BLANK ROAD			--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses	ELIMINATION
	CITY SEDRO-WOOLLEY	STATE WA	ZIP CODE 98284		USE TAX

LIENHOLD	NAME OF FIRST LEGAL OWNER* WASHINGTON MUTUAL SAVINGS BANK (ACCT NO. 01-894-286299-3)			Document.	SUB-AGENT FEES
	MAILING ADDRESS OF FIRST LEGAL OWNER 4111 - 200 STREET S.W./CLS01CL			More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	TOTAL FEES & TAX
	CITY	STATE	ZIP CODE		\$

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY	X	Keri L. Valdes Mtg Ops Officer	DEALER'S REPORT OF SALE
---	---	-----------------------------------	-------------------------

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: Owner Signature(s) & Title(s):

x Bruce L. Bowser
x Kimberly A. Bowser

NOTARY OR LICENSE AGENT & NUMBER	SUBSCRIBED TO AND WORKS FOR ME THIS	DATE OF SALE	PURCHASE PRICE
x Kathryn M. Yasi	26 DAY		\$

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL (Not to be used 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/VES OPERATOR NUMBER	DATE
T Conner	x T Conner	701-11	9-26-94

9409260076

BK 1375 PG 0518

Tract 2 of Skagit County Short Plat No. 93-063, approved December 23, 1993 and recorded December 29, 1993, under Auditor's File No. 9312290015 in Volume 11 of Short Plats, page 35, records of Skagit County, Washington; being a portion of the Northwest 1/4 of the Northeast 1/4 of Section 25, Township 36 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

9409260076