

LAND TITLE COMPANY OF SKAGIT COUNTY



MANUFACTURED HOME APPLICATION

9409280066

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)

RECORDER'S CLOCK: '94 SEP 28 P1:36
FILED AT THE REQUEST OF: NAME, ADDRESS

1. MANUFACTURED HOME
TPO/PLATE NUMBER, YEAR, MAKE, WIDTH/LENGTH, VEHICLE IDENTIFICATION NUMBER (VIN)

2. LAND
Attach a copy of the legal description of your land. PROPERTY TAX PARCEL NUMBER: 340432-4-012-0014

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

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.

5. OWNER INFORMATION
COUNTY #, INC, UNINC, # REGISTERED OWNERS, # LEGAL OWNERS

REGISTERED LIENHOLDER
NAME OF FIRST OWNER, NAME OF SECOND OWNER, ADDRESS OF OWNER, CITY, STATE, ZIP CODE, NAME OF FIRST LEGAL OWNER, MAILING ADDRESS OF FIRST LEGAL OWNER, CITY, STATE, ZIP CODE

DEALER'S REPORT OF SALE
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

NOTARY OR LICENSE AGENT & NUMBER
SUBSCRIBED TO AND SWORN BEFORE ME THIS 20th DAY OF April 19 94

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.