					-					
STATE OF WASHIN	GTON	MANU	FACTI	IRED H		RECORDER'S CLOCK			FILED AT THE REQUEST OF:	
<u> [icensing</u>		MANUFACTURED HOME APPLICATION				SKAGIT COUNTY AUDOLOG			NAME	
Please check one! !!!! T	ITLE COMPAN	y ef sight i	YTKUOS	T -74191	巨女	JNAG			400000	
			Il but section 3, below)			'94 OCT	-5 A9:05	;	ADDRESS	
	OPERTY (Complete all but section 4, below)				9410			0050006		
MANUFACTURE TPO/PLATE NUMBER	D HOME	MAKE WIDTH/LENGTH				NEOTIF OF TE				
	1993	FLEETW		28 X 66		VEHICLE IDENTIFICAT ORFLP4816				
2. LAND										
Attach a copy of the Assessor's office of Manufactured hom	r it may be	typed or p	your land rinted on XX AFFI	an Additio	e obtained onal Attach REMOV	ment Form (TI	nty D-420-732).		9-009-004-0003	
3. TITLE COMPAN							-			
I certify that the leg	al descript	ion of the I	and and	ownership	is true and	correct per th	e real proper	ty reco	ords.	
NAME		TITLE COM	PANY/PHONE	NUMBER	SI	GNATURE			DATE	
Finalize this ap	olication w	ith a Licen	sing Age	nt within 10	[/**_]		to Title Com		Representative signs.	
4 BUILDING PERI	MIT OFFICE	CERTIFICAT	TION	The Asie with the	Calcillat	days of the da	te Title Com	pany H	representative signs.	
certify that the ma	nufactured	home has	been af	fixed to the	real prope	erty as describ	ed, or a build	ling	BLDG PERMIT#	
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.							<u>.</u> 9	27491		
Name 1 1 1 0	\int_{i}	SIGNATURE	TITLE O		-17	<i>T</i> 1	RMIT OFFICE/PHO		DAY 30/94	
OWNER INFOR	MATION	MOLL		erm	X Je	(206) 336-941	0		
COUNTY INC DIMING		ED OWNERS	# LEGAL OV	VNERS	Provide the	Washington Dr	ver's License	or I D	FEES	
	2	*	· 1		card numb	er (PIC) for each	owner:	JI 1.D.	FILING FEE	
NAME OF FIRST OWNE	R		<u>-</u>		1);	APPLICATION	
SCHOLS, LA								Same And Same	1	
NAME OF SECOND OW	-			.					MOBILE HOME FEES	
SCHOLS, CI	NDI J.								ELIMINATION	
1251 MILL	STREET				-		owner is a busir			
CITY		·	STATE	ZIP CODE		provide the Unified Business Identifier (UBI), found on the			USETAX	
CLEAR LAKE		WA 98235			<u> </u>	business Registration & Licenses				
NAME OF FIRST LEGAL BENEFICIAL	יייטאי דאוע	10			Document.			SUB-AGENT FEES		
MAILING ADDRESS O	<u>\$_</u> \$		· · · · · · · · · · · · · · · · · · ·				· .			
P. O. BOX					More than two owners or one lienholder? Please use attachment			TOTAL FEES & TAX		
CITY	<u> </u>	STATE ZIP CODE			form(s) #TD-420-732.			\$		
BREMERTON		WA 98310			DEALER'S REPORT OF SALE					
*SIGNATURE OF LEGA			·		/ \	l certify that t	his informatio		rect. The vehicle is clea	
FROM REAL PROPER			•		WARK	of encumbran	Ces except as	shown		
pon conviction may be pun	ished by a fine	of up to \$5,000	and/or 10 v	ears imprisonm	ient grie RI	HARDS	DATE OF SALE		PURCHASE PRICE	
RCW 46.12.210). Í DO SO THAT I/WE ARE THE REGIS	LEMNLY ATT	EST UNDER	PENALTY O	F PERJURY D	AV	AME RE			TAX JURISDICTION/TAX RATE	
ION IS ACCURATE: OW			A STATE OF THE STA		E Q : 3	TAPY Z				
1 days	School	<u> </u>	<u></u>		DESCENS	AUTHORIZED SIGNA	URE	-		
« Cincle) "	Solo	lg:			X					
()	\			V	47	Olly all older or	X EXEMPT Sale ration (attach not	to a Cer arized sta	rtified Tribal member on	
NOTARY OR LICENSE AGENT & NUMBER			SUBSCRIBED TO AND SWORN OF OF April			Residing in (County) 19 94 Skagit				
6 COUNTY AUD'N										
certify that the abo	ve applica	tion appea					applicant h	as suff	icient documentation to	
proceed with the rec	cording of	this form.								
T Conciler			SIGNATURE	MAILIA		OFFIC	ENFS OPERATOR	NUMBER	DATE 11-5-94	

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