



MANUFACTURED HOME
APPLICATION
ISLAND TITLE CO.

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 JERRY MCINTURE SKAGIT COUNTY AUDITOR '94 OCT 12 AM 11:16 RECORDED... FILE... REQUEST OF...	FILED AT THE REQUEST OF: NAME 9410120050 ADDRESS
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1 MANUFACTURED HOME				
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1979	GLNSR	66/28	3058

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 340406-0-122-0003	

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 # 10763
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Doreen Purnell	Skagit Co.	336-9410	9/2/94

5 OWNER INFORMATION				FEES			
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 checked="" type="checkbox"/>	2	1			
REGISTERED	NAME OF FIRST OWNER LAURIN, HERBERT H.					5639960 OREGON	APPLICATION
	NAME OF SECOND OWNER LAURIN, SHIRLEY J.					LAURISJ72307	MOBILE HOME FEES
	ADDRESS OF OWNER 1114 MARKWOOD ROAD					--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	ELIMINATION
	CITY BURLINGTON						USE TAX
LIEHOLDERS	NAME OF FIRST LEGAL OWNER LYNNWOOD MORTGAGE CORPORATION					More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	SUB-AGENT FEES
	MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 5857						TOTAL FEES & TAX
	CITY LYNNWOOD					98046	\$
	*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY <input checked="" type="checkbox"/> <i>Herbert H. Laurin</i>					DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	

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):				WA DLR NO.	DATE OF SALE	PURCHASE PRICE
X <i>Herbert H. Laurin</i>				DEALER NAME		
X <i>Shirley J. Laurin</i>				DEALER'S AUTHORIZED SIGNATURE		
X <i>Marcia J. Jennings</i>						
NOTARY OF LICENSE AGENT & NUMBER				USE TAX EXEMPT <input type="checkbox"/> (Tribal member on the reservation (attach notary statement of delivery))		
X MARCIA J. JENNINGS				SUBSCRIBED TO AND SWORN BEFORE ME THIS 4 DAY OF October 1994		
				Residing in (County) SKAGIT		

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/VFS OPERATOR NUMBER	DATE
CRYSTAL R. FERRIS	X <i>Crystal R. Ferris</i>	29-01-10	10-12-99



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

This form is to be used when there is not sufficient room on TD-420-729, TD-420-730, or TD-420-731 to provide the legal description of the land. This form must be recorded with the Manufactured Home Form, and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: Property Tax Parcel Number 340406-0-122-0003

Legal Description:

LOT 1 OF BURLINGTON SHORT PLAT NO. 2-83 AS APPROVED NOVEMBER 22, 1983,
AND RECORDED FEBRUARY 6, 1984, IN VOLUME 6 OF SHORT PLATS, PAGE 115, UNDER
AUDITOR'S FILE NO. 8402060050, RECORDS OF SKAGIT COUNTY, WASHINGTON: BEING
A PORTION OF THE EAST HALF OF THE EAST HALF OF THE NORTHEAST QUARTER OF THE
SOUTHWEST QUARTER OF SECTION 6, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE
MERIDIAN.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Recording Office of County In Which Real Property Is Located
I certify that this form has been recorded in the county records.

NAME	SIGNATURE	COUNTY	DATE	RECORDING NUMBER
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