

The Escrow works  
P.O. Box 6607

Lynnwood, WA 98036

**MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)**

JERRY MCINTURFF  
SKAGIT COUNTY AUDITOR

Manufactured Home: **9411020008**

Year 1994 Make SKYLINE Width 284 Length 48 **NOV -2 1998**

Vehicle Identification Number 06910184-H RECORDED \_\_\_\_\_ FILED \_\_\_\_\_

Registered Owners: REQUEST OF \_\_\_\_\_

Names DARRELL D. HUDSON LENORA A. HUDSON Signatures [Signature] [Signature]

Legal Owners:

Names NORWEST MORTGAGE Signatures [Signature] [Signature] **PAUL NAUGHAN, AVP**

\*SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 48.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/HEY OWN AND TO WHICH IT IS/IS BEING AFFIXED.

Land to Which Manufactured Home Is Being Affixed:

Property Tax Parcel Number 4619-000-007-0006

Legal Description Lot 7, "ELK RUN ESTATES", as per plat recorded in Volume 15 of Plats, page 173, records of Skagit County, Washington.

Owners' Names DARRELL D. HUDSON LENORA A. HUDSON Signatures [Signature] [Signature]

\*SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY USED ABOVE.

Building Permit Office Certification:

I certify that the manufactured home has been affixed to the real property as described above and/or building permit number 031-94 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.

Don SUTHER [Signature] HAMILTON, WA 10-21-94 826-3983

NAME SIGNATURE BLDG. PERMIT OFFICE DATE PHONE NUMBER

County Auditor/Agent Licensing Office Approval: (Not for use by subagents)

I certify that the above application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form.

CRYSTAL R. FERRIS [Signature] 29-01-10 11-2-94

NAME SIGNATURE OFFICE/CAAP OPERATOR NUMBER DATE

Recording Office:

I certify that this form has been recorded in the county records.

[Signature] [Signature] 11-2-94 9411020008

NAME SIGNATURE COUNTY DATE RECORDING NUMBER

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.

Escrow Works Inc.  
P. O. Box 6607  
Lynnwood, WA 98036

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**9411020008**

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