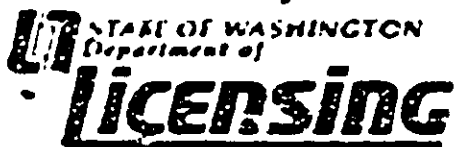


ISLAND TITLE COMPANY, P.O. Box 1228,
Anacortes, WA 98221 SA-14222



MANUFACTURED HOME APPLICATION

9411040088

TITLE OPTIONS

Original
Transfer
Duplicate
Reissue

☒
☐
☐
☐

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 MCINTURFF
SKAGIT COUNTY AUDITOR

94 NOV -4 P3:53

RECORDED AT REDMOND FILED

MANUFACTURED HOME				REQUEST OF	
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1976	HOMNR	60/24	OSO389UX		

LAND

- Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
- Land to which the manufactured home is being: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
P59395

TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

BUILDING PERMIT OFFICE CERTIFICATION

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

BLDG PERMIT #
92-0138

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Don McInnes	X Don McInnes Bldg Insp.	Anacortes 293-1901	10-21-94

OWNER INFORMATION

COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:
			2	1	

NAME OF FIRST REGISTERED OWNER HOLIDAY, ROBERT D	This "NUMBER" may be found on your Washington Drivers License/ I.D. Card --OR-- if the owner is a business, provide the Unified business identifier (UBI) number.	FILING FEE
NAME OF SECOND REGISTERED OWNER HOLIDAY, DOROTHY L.		APPLICATION
ADDRESS OF FIRST REGISTERED OWNER 2203 DUBLIN PLACE CITY ANACORTES, STATE WA ZIPCODE 98221		MOBILE HOME FEES
NAME OF FIRST LEGAL OWNER WASHINGTON MUTUAL SAVINGS BANK	More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)	ELIMINATION
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 255 CITY BURLINGTON, STATE WA ZIPCODE 98233		USE TAX
* SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X		SUB-AGENT FEES
		TOTAL FEES & TAX
		\$

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 ATEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED CO-OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

DEALER'S REPORT OF SALE		PURCHASE PRICE
I certify that this information is true and correct. The vehicle is clear of all encumbrances except as shown.		\$
DATE OF SALE		TAX JURISDICTION/TAX RATE
DEALER'S AUTHORIZED SIGNATURE		
X		
NOTARY OR LICENSE AGENT & NUMBER	Subscribed and Sworn to Before me this 10th Day of Oct 1994	USE TAX EXEMPT (Sale to Indian on the Reservation (attach notarized statement of delivery))

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 Crystal R. Ferris	29-01-10	11-3-94

RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9411040088	Skagit		11-4-94

8K1387FGU374

LEGAL DESCRIPTION

Lot 8, SKYLINE NO. 6, according to the plat thereof recorded in
Volume 9 of Plats, page 64, records of Skagit County, Washington;

Situated in Skagit County, Washington.