

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK
JERRY F. CINTORFF
SAGIT COUNTY AUDITOR

TITLE OPTIONS

☐ Original
☐ Transfer
☐ Duplicate
☐ Reissue

☒ **TITLE ELIMINATION** (Complete all but section 3, below) **9-110**
☐ **TRANSFER IN LOCATION** (Complete ALL sections below)
☐ **REMOVAL FROM REAL PROPERTY** (Complete all but section 4, below)

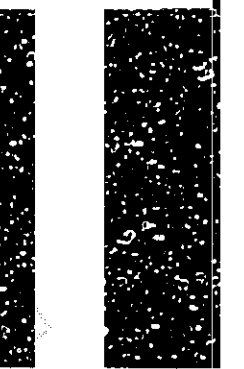
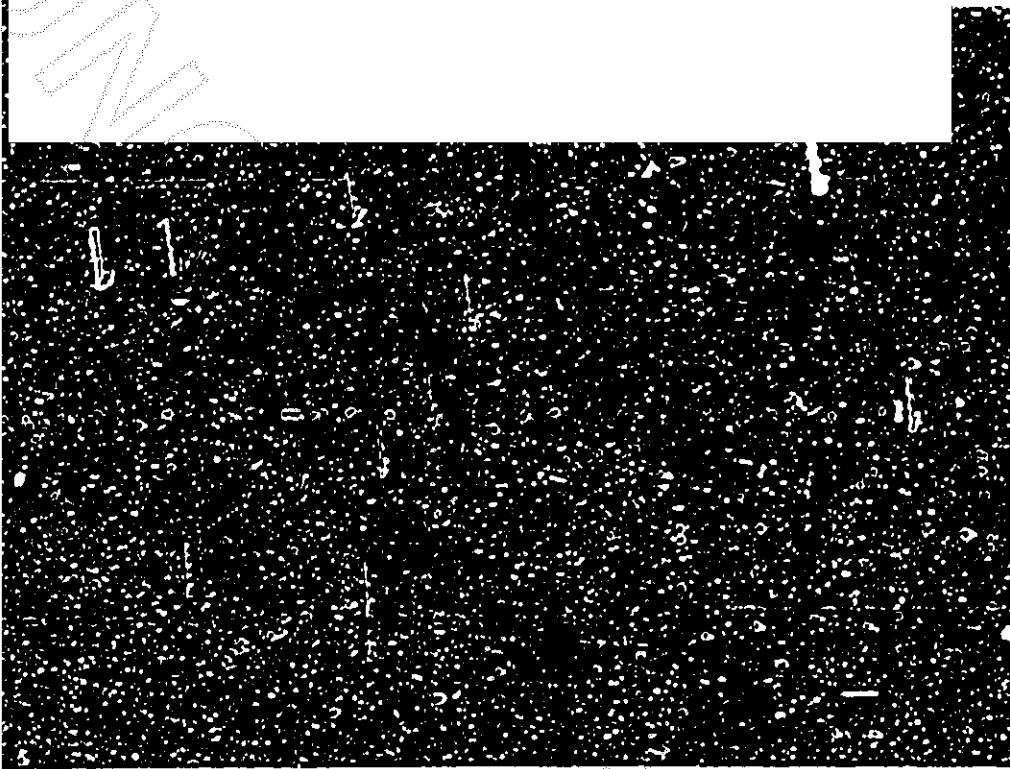
94116800884 NOV -8 P3:06

RECORDED
REQUEST OF

5-13-50
FIVE
FIVE

MANUFACTURED HOME			
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
1994	LIBERTY	40X28	09L27836 XU
COLOR #1 TOP OR FRONT:		COLOR #2 BOTTOM OR REAR COLOR:	
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: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			
PROPERTY TAX PARCEL NUMBER 2877-000-172-0066			
TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership are true and correct.			
NAME	TITLE COMPANY/PHONE NUMBER		SIGNATURE X
DATE			
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.			
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE NUMBER	BLDG PERMIT # 28195
10/10/94	X [Signature]	334-4411	DATE 10/10/94
OWNER INFORMATION			*FEES
COUNTY	INC	UNINC	NUMBER OF REGISTERED OWNERS
Please provide the Department of Licensing (DCL) Client "NUMBER" for each owner:			FILING FEE
NAME OF FIRST REGISTERED OWNER MICHAEL A CORDE			APPLICATION
NAME OF SECOND REGISTERED OWNER JENNIFER B WYATT			MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER 4393 BAKER DR.			ELIMINATION
CITY	STATE	ZIP CODE	USE TAX
CONCRETE	WA	98273	
NAME OF FIRST LEGAL OWNER STATE BANK OF CONCRETE			SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER PO BOX 426			TOTAL FEES & TAX
CITY	STATE	ZIP CODE	\$
CONCRETE	WA	98273	
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR			
ELIMINATION OF TITLE: X [Signature]			
DATE 5/26/94			
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 THAT I/WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THE INFORMATION IS ACCURATE:			DEALER'S REPORT OF SALE
Registered Owner Signature (Title)			I certify that this information is correct. The vehicle is clear of encumbrances except as shown.
X [Signature]			DEALER NAME VALLEY HOME CENTER
X [Signature]			WA DLR NO. 4117
X [Signature]			DEALER'S AUTHORIZED SIGNATURE X [Signature]
NOTARY OR LICENSE AGENT			USE TAX EXEMPT
Subscribed and Sworn to Before Me This			Sale to Indian on the
Day of			Reservation (attach notarized statement of delivery)
SHEILA WEST 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/VS OPERATOR NUMBER
T CONOVER	X [Signature]		2801-1
DATE 11-8-94			
RECORDING OFFICE			
This form has been recorded in the county records.			
RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9411080088	SKagit		11-8-94

BK 388 PG 0263



Except description

Lot 172, CEDARGROVE ON THE SKAGIT, according to the plat thereof recorded in Volume 9 of Plats, page 48, records of Skagit County, Washington;

EXCEPT any mobile home located thereon.

Situated in Skagit County, Washington.

9411080088

BK1388PG0264