

ISLAND TITLE COMPANY SB-6401

MANUFACTURED HOME
APPLICATIONRECORDED & INDEXED
SKAGIT COUNTY AUDITORFILED AT THE REQUEST OF:
NAME

ADDRESS

9411080121

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)

94 NOV -8 P3 50

RECORDED FILED
REQUEST OF

1 MANUFACTURED HOME				
TPO-PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
014868	1975	BAYER	64/24	4588UX

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 350610-3-008-0205	

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.			
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
	X		11/8/94

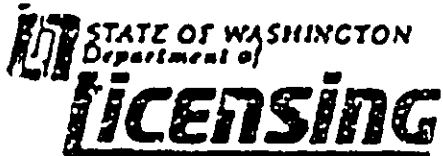
5 OWNER INFORMATION				FEES	
COUNTY # INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FILING FEE	
				APPLICATION	
NAME OF FIRST OWNER ORR, JOSEPH P.				ORR # 1-250546	MOBILE HOME FEES
NAME OF SECOND OWNER ORR, NANCY J.				ORR # 1-1616	
ADDRESS OF OWNER 3124 Hamilton Cemetery Road				OR.. if the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses Document	ELIMINATION
CITY Sedro Woolley				STATE WA	ZIP CODE 98284
NAME OF FIRST LEGAL OWNER WASHINGTON MUTUAL SAVINGS BANK				More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 590				DEALER'S REPORT OF SALE	SUB-AGENT FEES
CITY BURLINGTON				STATE WA	ZIP CODE 98233
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY				I certify that the information is correct. The vehicle is clear of all encumbrances except as shown.	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 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 DL R NO	NOTARY PUBLIC	PURCHASE PRICE
X		DEALER NAME	STATE OF WASHINGTON	TAX JURISDICTION/TAX RATE
X		DEALER'S AUTHORITY		
X		MY COMMISSION EXPIRES: 9/15/94	USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)	
NOTARY OR LICENSE AGENT & NUMBER		SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)	
X ROBERTA N. HOODIMAN		8TH DAY OF NOVEMBER 1994	SKAGIT BURLINGTON	

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.			
SIGNATURE		OFFICE/FS OPERATOR NUMBER	DATE
X		290574	11-8-94

MANUF HOME APP (02/94) P. 1 of 2
9411080121

BK1388 PG 400



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application 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 350610-3-008-0205

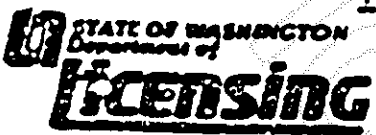
Legal Description:

The North Half of the Southwest Quarter of the Southwest Quarter of Section 10, Township 35 North, Range 6 East of the Willamette Meridian, lying East of the centerline of Red Cabin Creek;

EXCEPT the North 20.0 feet thereof conveyed to Skagit County for road purposes by deed recorded February 3, 1914, under Auditor's File No. 100641, records of Skagit County, Washington;

ALSO EXCEPT any portion thereof lying within the West 466.7 feet of said North Half of the Southwest Quarter of the Southwest Quarter;

Situated in Skagit County, Washington.



ISLAND TITLE COMPANY SB-6401

MANUFACTURED HOME APPLICATION

RECORDED & RETURNED TO
SKAGIT COUNTY AUDITORFILED AT THE REQUEST OF:
NAME

Please check one

- ☒ TITLE ELIMINATION (Complete all but section 3, below)
☐ TRANSFER IN LOCATION (Complete ALL sections below)
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RECORDED FILED
REQUEST OF

ADDRESS

9411080121

1. MANUFACTURED HOME

TYPE/PLATE NUMBER 014868	YEAR 1975	MAKE BAYER	WIDTH/LENGTH 64/24	VEHICLE IDENTIFICATION NUMBER (VIN) 4588UX
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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 ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
850610-3-008-0205

2. 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 X	DATE
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Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

3. 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.

BUILDING PERMIT #
60240

NAME Marge Swint	SIGNATURE/STAMP X [Signature]	BUILDING PERMIT OFFICE/PHONE # 364-4111	DATE 9/1/94
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4. OWNER INFORMATION

COUNTY DC	INC LIC	REGISTERED OWNER	LEGAL OWNER	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
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FEES

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

\$

NAME OF FIRST OWNER
ORR, JOSEPH P.NAME OF SECOND OWNER
ORR, NANCY J.ADDRESS OF OWNER
3124 Hamilton Cemetery RoadCITY
Sedro WoolleySTATE
WAZIP CODE
98284NAME OF FIRST LEGAL OWNER
WASHINGTON MUTUAL SAVINGS BANKMAILING ADDRESS OF FIRST LEGAL OWNER
P.O. BOX 590CITY
BURLINGTONSTATE
WAZIP CODE
98233

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: [Signature]

ORR ** TP 505 96
ORR ** NJ 546 CE
..OR.. if the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses document.

More than two owners or one lienholder? Please use attachment form(s) STD-420-732.

DEALER'S REPORT OF SALE

I certify that the information is correct. The vehicle is clear of all financial obligations shown.

WALDR NO

DEALER NAME

DEALER'S AUTHORITY

X

BY COMMISSION EXPIRES:

SUBSCRIBED TO AND SWORN BEFORE ME THIS

8TH DAY OF

NOVEMBER

1994

Reading in (County)

SKAGIT

BURLINGTON

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

X

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY OR LICENSING AGENT'S NUMBER

COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

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NAME

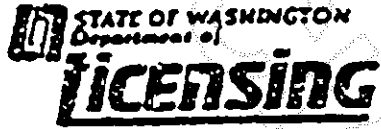
SIGNATURE

OFFICER'S OPERATION NUMBER

DATE

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