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PATE OF WASHING	THE STATE OF	FACTURED H	OME PK	GIT COUNTY	AUDITOR	FILED AT THE REQUES	it of:
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REMOVAL FROM	M REAL PROPERTY (Co	mplete all but section 4.	holaus l	REQUEST OF	t t		-1
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2 LAND				<u>-</u>	43660%		
Attach a copy of the	e legal description of	your land. It can be	obtained from	your Count	PROPE	RTY TAX PARCEL NUMBER	R R
Manufactured home	rit may be typed or per will be	X AFFIXED	nal Attachment	t Form (TD-4	!つN_フマッ!	610-3-008-0	
TITLE COMPANY	Y CERTIFICATION			<del></del>	•		<del></del>
I certify that the lega	al description of the		is true and com	rect per the r	eal property rec	ords.	
NAME	TITLE COM	PANY/PHONE NUMBER	SIGNATU	IRE		DATE	
Finalize this app	olication with a Licen	Sing Agent within 10	) calendar days	of the date	Title Company	Dongs on the size of	
4 BUILDING PERM	MIT OFFICE CERTIFICA	TION	caleridai days	or the date	Title Company	representative sign	jns.
I certify that the mar	nutactured home has	s been affixed to the	real property a	as described	, or a building	BLDG PERMITS	<del></del>
permit has been iss	ued for this purpose	and the attachment	will be inspect	ed upon con	npletion.	1:-24C	
((Gr 2000)	X/	12. 12000L	10 1 -	BLOG PERS	PT OFFICE/PHONE	DATE O	192
5 OWNER INFORM	MATION					FEES	<u> </u>
COUNTY INC. UNINC.	# REGISTERED OWNERS	FLEGAL OWNERS	Provide the Was		r's License or I.D.	FILING FEE	
NAME OF FIRST OWNE		<del></del>		· ^		APPLICATION	
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ORR, NANC	Y J.		Ü	KRXXX	11.56		
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NAME OF FIRST LEGA	LOWNER*			ysiness Registi Ocument	ration & Licenses	SUB-AGENT FEES	<u> </u>
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MAILING ADDRESS OF P.O. BOX 59	FIRST LEGAL OWNER		•	ore than two ow	ners or one e use attachment	TOTAL FEES &	TAX
CITY		STATE ZIP CODE	tor	m(s) #TD-420	-732.	<b>\$</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	i
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NOTARY OR LICENSE AGENT?  ROBERTA N. HO		SUBSCRIBED TO AN	D SWORN BEFORE ME NOVEMBER		ding in (County) SKA URLINGTON	GIT	
6 COUNTY AUDIT	OR/AGENT LICENSING						
I certify that the above	ve application appea				pplicant has suf	ficient documenta	ation to
roceed with the rec	cording of this form.	SKINATE /		TOFFICEA	VFS OPERATOR NUMBER	R   DATE	· ·
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<u> </u>					ログこうの	1070	





## MANUFACTURED HOME APPLICATION - ASCITIONAL 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:

| 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;

Situated in Skagit County, Washington.

9411080121

-	//ISL	AND TIT	LE CO	MPANY	SB-640	1		Williams
STATE OF THE SHAPE	CTON			URED H		RECORDER	JOHNTURFF COUNTY AUDITOR	PREDAY THE REQUEST OF:
<b>FLENS</b>	iig (			CATION		pinno	CONT. ACCITOR	NAME
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TITLE ELMENA	DON (Comp	tale at but se	ston 3, trek	ow)	Ž		<i>\(\lambda\)</i>	ADORESS
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MANUFACTURE						REQUI	ST OF	
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CONTRACTOR CA	H HEY DO	a tabaca ot b	UNITED OF	I ADDANO	nai Attachi	nom your i nent Form	(TD-420-722)	PERTYTAX PARCEL MURBER
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		ł			// x	_		DATE
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					card numbe	r (PIC) lor	ech owner:	· FLMGFEE
ORR, JOSE				· · · · ·		ا الماما		APPLICATION
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Sedro Woolley		WA 98284		•	identitier (UBI), found on the bysiness Registration & Licenses		1	
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WALNE ADDRESS OF	FIRST LEGAL	OMZR		- CAIII	1 See	Move then	Iwo owners or one	
P.O. BOX 59	0		43.25			henholder?	Please use attachment	TOTAL FEES & TAX
BURLINGTON		)	WA	98233			D-420-732.	\ <b>\$</b>
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coed with the reco	e apolicat	ion appear	s to have	been comp	pleted corr	ectly, and	the applicant has su	flicient documentation to
1			FAI ALE	7		10	FFICENTS OPERATOR NUMBE	R LOATE
/ NAMPY			~ 1 //	morest		t	20	001-8-94

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