

9412290109

STATE OF WASHINGTON
Department of
Licensing

FIRST AMERICAN TITLE CO.

43909

MANUFACTURED HOME APPLICATION

SEASIDE COUNTY RECORDER'S CLOCK

94 DEC 29 P4:01

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)

RECORDED _____ FILED _____
REQUESTED AT _____
REQUEST OF: _____

MANUFACTURED HOME

YEAR 1995	MAKE FLEETWOOD	WIDTH/LENGTH 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) DRFLR48AB19817-LP	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
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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**
3968-000-017-0005

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
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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 Cheryl A. Clark	ADDRESS 896 PRESENTIN DRIVE	CITY SEDRO-WOOLLEY	STATE WA	ZIP CODE 98284	BUILDING PERMIT # 94-1562	BUILDING PERMIT OFFICE/PHONE NUMBER 336-9410	DATE 10/27/94
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OWNER INFORMATION

COUNTY # 1	INC <input type="checkbox"/>	UNINC <input type="checkbox"/>	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner: CLARKCD333PR CLARKCA338P7 CLARKCA338P7	FILING FEE
NAME OF FIRST REGISTERED OWNER CLARK; CHAD D.						APPLICATION
NAME OF SECOND REGISTERED OWNER CLARK; CHERYL A.						MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER 896 PRESENTIN DRIVE						ELIMINATION
CITY SEDRO-WOOLLEY STATE WA ZIP CODE 98284						USE TAX
NAME OF FIRST LEGAL OWNER INTERWEST SAVINGS BANK						SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER 1259 W. PIONEER WAY						TOTAL FEES & TAX
CITY OAK HARBOR STATE WA ZIP CODE 98277						\$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X Cheryl A. Clark 10-25-94						

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 LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:
Registered Owner Signature(s): _____ (Title)

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

PURCHASE PRICE
\$ 45,000.00

TAX JURISDICTION/TAX RATE
7.6%

DEALER NAME Seaside Homes Inc	DATE OF SALE 7-29-94
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DEALER'S AUTHORIZED SIGNATURE [Signature]
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NOTARY OR LICENSING AGENT & NUMBER Jean A. Crandall 21-1	Subscribed and sworn to before me on this 21st day of Dec 1994	USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)
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6 **COUNTY AUDITOR/AGENCY OFFICE APPROVAL: (Not for use by Sub-Agents)**
I certify that the above application has been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME CRYSTAL R. FERRIS	SIGNATURE X Crystal R. Ferris	OFFICER'S OPERATOR NUMBER 29-01-10	DATE 12-29-94
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RECORDING OFFICE

This form has been recorded in the county records.

RECORDED NUMBER 9412290109	BK 4029603 S	COUNTY Seaside	VOLUME/PAGE	DATE 12/29/94
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Order No. 43909

SCHEDULE "C"

The land referred to herein is situated in the County of SKAGIT, State of Washington, and is described as follows:

Tract 17, "PRESSENTIN CREEK WILDERNESS SUBDIVISION NO. 1", as per plat recorded in Volume 8 of Plats, Page 47, records of Skagit County, Washington.



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

CERTIFICATE OF FACT

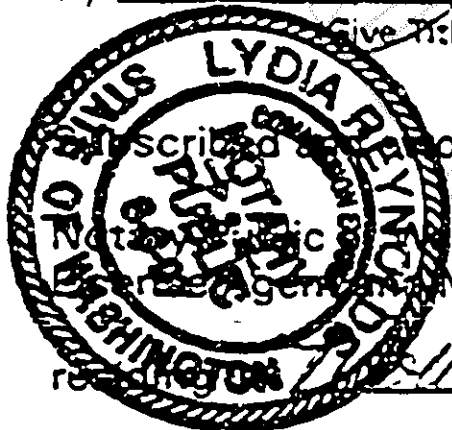
I do hereby certify that: With regard to that 1995 Fleetwood 56 x 28 manufactured home being eliminated, the Registered Owner, Chad D. Clark signed under the Building Permit Office Certification in error. He has signed in the correct area under Registered Owner and a line has been drawn through Item #4 of the Elimination form that was signed in error.

Also Chad Clark made an error in printing out his Driver's License No., therefore I typed the correct numbers above the handwritten numbers. Chad D. & Cheryl A. Clark by

Signature of Registered Owner FIRST AMERICAN TITLE COMPANY

By

Give Title of Office when signing for company



Subscribed and sworn to before me this 24 day of October, 1994
Notary Public for the State of Washington
My Commission Number Lydia Reynolds
Notary Public for the State of Washington

9412290109

WARNING: "Any person who shall knowingly make any false statement of a material fact . . ." shall be guilty of a felony and upon conviction shall be punished by a fine of not more than five thousand dollars or by imprisonment for not more than ten years of both such fine and imprisonment. (RCW46.12.210)

EX 140210015