

or west Escrow
1509 Riverside
Mt Vernon, WA 98273

9501250079

STATE OF WASHINGTON
Department of
Licensing

FIRST AMERICAN TITLE CO. 44316
MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK
STATE TAX AUDITOR
35 JAN 25 P4:01
RECORDED AT
REQUEST OF

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)

1	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR
	94	DAK MARCY	56x28	06910532HAB		

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• 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: 449-000-009-0008

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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 [Signature]	1/25/95

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

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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 #	DATE
Alan Jongsma	X [Signature]	036-94	1-25-95

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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:

NAME OF FIRST REGISTERED OWNER	NAME OF SECOND REGISTERED OWNER	ADDRESS OF FIRST REGISTERED OWNER	CITY	STATE	ZIP CODE
Kenneth G. Larsen	Jody I. Larsen	618 Shiloh Lane	Hamilton	WA	98255
NAME OF FIRST LEGAL OWNER	MAILING ADDRESS OF FIRST LEGAL OWNER	CITY	STATE	ZIP CODE	
Northwest Mortgage	1509A Riverside Dr	Mount Vernon	WA	98273	

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X [Signature] 12-2-94

More than two registered or one legal owner? Please use attachment forms (TD-420-732)

FEES

APPLICATION	MOBILE HOME FEES	ELIMINATION	USE TAX	SUB-AGENT FEES	TOTAL FEES & TAX
					\$ 1.00

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). IDOLG PENALTY: \$1,000 UNDER PENALTY OF PERJURY LAW THAT I HAVE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.

Registered Owner Signature(s): X [Signature] X [Signature]

NOTARY OR LICENSE AGENT & NUMBER: [Signature] 20

DEALER'S REPORT OF SALE

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

DEALER NAME	DATE OF SALE	PURCHASE PRICE	TAX JURISDICTION/TAX RATE
Coach Car Wash	12-2-7-94	\$	
DEALER NO. 4278	DEALER'S AUTHORIZED SIGNATURE X [Signature]		
Residing in: [Signature]	USE TAX EXEMPT [Signature]		

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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/AGENT OPERATOR NUMBER	DATE
CRYSTAL R. FERRIS	X [Signature]	290110	1-25-95

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RECORDING OFFICE

This form has been recorded in the county records.

RECORDING OFFICE	COUNTY	VOLUME/PAGE	DATE
9501250079	Shelby	60100	1/25/95

9501250079

BU 1409 P9108

Order No. 44316

SCHEDULE "C"

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

Lot 9 of "ELK RUN ESTATES", as per plat recorded in Volume 15 of Plats, Page 173, records of Skagit County, Washington; being an Amendment of the Plat of "MAX SUTTON ESTATES", as per plat recorded in Volume 15 of Plats, Pages 161 and 162, which is an Amendment of Plat recorded in Volume 15 of Plats, Pages 127 and 128, records of Skagit County, Washington.

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