950216	80066	5	
		7/	FIRST AMERICAN TITLE CO.
Manufactured Home:		7	3096 / C
Year 1991 Make Kin	gsbrook Widt	h_28	Length 48
Vehicle Identification Number 17706	626		105 FEB 16 P3:44
		•	EN FC
Registered Owners:		1 4 0 ·	ECORDED OF
Names_Elaine_M. Schwertfeger	Signat	Elaine M. Sch	wert feger
Legal Owners:		000	
Names American Residental Mort	sage Corp. Signat	ures' By:	to I (and)
'SIGNATURES OF OWNERS INDICATE TERMINATION O INDICATE INTENT TO PERFECT INTEREST IN THE MAN BEING AFFIXED.	F INTEREST IN THE MANUFACTURED HOME AS REAL	TURED HOME THROUGH TITLE PROPERTY WITH THE LAND HE	PROVIDED BY CHAPTER 48.12 RCW AND SHE/THEY OWN AND TO WHICH IT IS/IS
Land to Which Manufactured Home is	Being Affixed:	· ·	· · ·
Property Tax Parcel Number 4577-0		100964	
Lot 7, "PLAT OF	IDA ESTATES", as	per plat recorded	in Volume 15 of Plats
Legal Description at Page 29 and 30	0. in the records	of Stagit County	WA
Owners' Names Elaine M. Schwer 'signatures of owners indicate consent to h	tfeger Si	gnatures Elaine M.	chwertfeger
	AVE THE MANUFACTURED F	OME ADDED TO THE REAL PRI	DPERTY LISTED SABOVE.
Building Permit Office Certification:			
	-		
number 24500 has been issued inspected upon completion.	s been affixed to the re d for the purpose of af	al property as described fixing the manufactured	d above and/or building permit home to the land and will be
Sherell Purance	Stanite	7/22/0	3 336-9410
NAME SIGNATURE	BLDG. (PERMIT OFFICE	DATE DATE	PHONE NUMBER
<u> </u>			
County Auditor/Agent Licensing Office	Approval: (Not for us	e by subagents)	- American de la companya della companya della companya de la companya della comp
! certify that the above application appeadocumentation to proceed with the second	ers to have been compording of this form.	eleted correctly, and th	at the applicant has sufficient.
Tionover Ilan	MINT	2901-11	11-110-95
NAME SIGNATURE	<i></i>	OFFICE/CAAP OPERATOR NUMBER	DATE
	<u> </u>	<u> </u>	
Recording Office:			
I certify that this form has been recorde	ed in the county recor	ds.	9502160066
Hanara & Arana	w Jka	ne 2/10	195
NAME U SIGNATURE	COUNTY (DATE	RECORDING NUMBER

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.

BK | 4 | 4 PG 0 5 4 3 -