

1ST AMERICAN TITLE CO. 45001
MANUFACTURED HOME
APPLICATION

RECORDER'S CLOCK SKAGIT COUNTY & JACOBSON	FILED AT THE REQUEST OF: ADDRESS
95 FEB 17 PM	
RECORDED	FILE
REQUEST OF	

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)

1 MANUFACTURED HOME			
TPO/PLATE NUMBER	YEAR 1995	MAKE LIBERTY	WIDTH/LENGTH 44 X 9502170079
			VEHICLE IDENTIFICATION NUMBER (VIN) SERIAL #09L28812XU

2 LAND	PROPERTY TAX PARCEL NUMBER 360531-0-002-0002
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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

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 X	DATE
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 Jody Goodman	SIGNATURE/TITLE X Jody Ann Goodman	BLDG PERMIT OFFICE/PHONE # 336-9410	BLDG PERMIT # 94-1618
			DATE 1/30/95

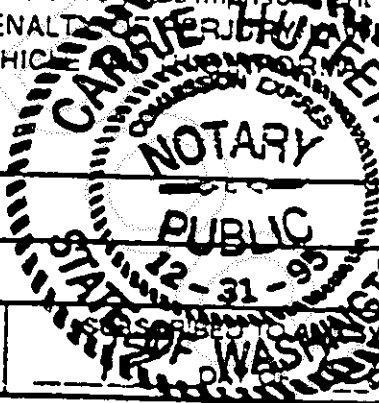
5 OWNER INFORMATION				SKAGIT COUNTY PERMIT CENTER		FEES	
COUNTY # INC UNINC <input type="checkbox"/> <input type="checkbox"/>	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner: NEISITL264MW		FILING FEE		
NAME OF FIRST OWNER NEISINGER, TIMOTHY				NEISIJA263JD		APPLICATION	
NAME OF SECOND OWNER NEISINGER, JULIE				--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.		MOBILE HOME FEES	
ADDRESS OF OWNER 531 AERIE LANE						ELIMINATION	
CITY SEDRO WOOLLEY		STATE WA	ZIP CODE 98284			USE TAX	
NAME OF FIRST LEGAL OWNER						SUB-AGENT FEES	
MAILING ADDRESS OF FIRST LEGAL OWNER				More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.		TOTAL FEES & TAX \$	
CITY							
STATE							
ZIP CODE							
DEALER'S REPORT OF SALE							
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.							
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY X [Signature]							

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 THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THE INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):

X Timothy Neisinger
X Julie Neisinger

NOTARY OR LICENSE AGENT # NUMBER

X [Signature]



WA DLR NO DA4934	DATE OF SALE 2-3-95	PURCHASE PRICE \$27,147 178
DEALER NAME HARRIS		TAX JURISDICTION/TAX RATE 7.6%
DEALER'S AUTHORIZED SIGNATURE X [Signature]		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
Residing in (County)		

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.			
NAME Conover 2901-11	SIGNATURE [Signature]	OFFICE/VFS OPERATOR NUMBER 2901-11	DATE 2-17-95

9502170079

BK1415PG0140



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 _____

Legal Description:

LOT 22, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.