



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ADDRESS

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)

Land Title Co.

T-76324E

'95 APR 25 P 2:52

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1 MANUFACTURED HOME		YEAR		MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
TPO/PLATE NUMBER		1982		BRKFD	60/28	WAFL2AC05644103A

2 LAND

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

PROPERTY TAX PARCEL NUMBER: **4443-000-009-0016/P82523**

3 TITLE COMPANY CERTIFICATION *Lot 9 Garden Meadow*

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	DATE
		<i>X</i>	

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	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
<i>Marge Swint</i>	<i>X Swint / Permit Director</i>	<i>14232 / 3361942</i>	<i>4/25/95</i>

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FILING FEE
	<input type="checkbox"/>	<input type="checkbox"/>	1	1		

REGISTERED	NAME OF FIRST OWNER	REINSTR 39105	APPLICATION	
	NAME OF SECOND OWNER		MOBILE HOME FEES	
	ADDRESS OF OWNER		ELIMINATION	
	CITY	STATE	ZIP CODE	USE TAX
	Sedro-Woolley	WA	98284	SUB-AGENT FEES
LIENHOLDER	NAME OF FIRST LEGAL OWNER*		More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	TOTAL FEES & TAX
	MAILING ADDRESS OF FIRST LEGAL OWNER			\$
	CITY	STATE		ZIP CODE
	Sedro-Woolley	WA	98284	

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY *X Hazel V Reinstra*

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

WA DLR NO	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE		

X Jack E. Reinstra
X Nancy Lee Cleave

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

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	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
<i>Teresa Medved</i>	<i>X Teresa Medved</i>	<i>2901-11</i>	<i>4-25-95</i>

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