

ISLAND TITLE COMPANY
SA-14594



MANUFACTURED HOME APPLICATION

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)

9505030055

RECORDER'S CLOCK

'95 MAY -3 P3:46

RECORDED AT: REQUEST OF: FILED

MANUFACTURED HOME					
YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1982	STRAT	48/24	AB7SC17400R		

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: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
Lot 143, Skyline No. 6	
PROPERTY TAX PARCEL NUMBER 3822-000-143-0008	

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	
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	SIGNATURE/TITLE	BUILDING PERMIT OFFICE/PHONE NUMBER	DATE
Don Measamer	X Don Measamer Building Inspector	360-283-1901	4/5/95

OWNER INFORMATION				FEES	
COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	PLUG FEE
Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:					APPLICATION
NAME OF FIRST REGISTERED OWNER MILTON D. SKUTLE					MOBILE HOME FEES
NAME OF SECOND REGISTERED OWNER jean k. skutle					ELIMINATION
ADDRESS OF FIRST REGISTERED OWNER 4913 Kingsway					USE TAX
CITY	STATE	ZIP CODE			SUB-AGENT FEES
Anacortes	WA	98221			TOTAL FEES & TAX
NAME OF FIRST LEGAL OWNER WASHINGTON MUTUAL					\$
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. Box D					
CITY	STATE	ZIP CODE			
Mt. Vernon	WA	98273			
* SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X					
DATE 4-25-95					

Any person 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 5 years imprisonment (RCW 4A.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM THE REGISTERED OWNER OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: (Title)		DEALER'S REPORT OF SALE		PURCHASE PRICE	
X [Signature]		I certify that this information is correct. The vehicle is clear of encumbrances except as shown.		\$	
X [Signature]		DEALER NAME		TAX JURISDICTION/TAX RATE	
X [Signature]		WA DLR NO.		DATE OF SALE	
X [Signature]		DEALER'S AUTHORIZED SIGNATURE			
X [Signature]		X			
NOTARY OR LICENSING AGENT'S NUMBER		Subscribed and sworn to before me this		USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)	
24		Day of April 1995			

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/PHONE NUMBER	DATE
DEPT. OF LICENSING	X [Signature]	5701-02	5-08-95

RECORDING OFFICE			
This form has been recorded in the county records.			
RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9505030055	Skagit		5-3-95