



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)

5.45 FIRST AMERICAN TITLE CO. 45490 9504180062

## MANUFACTURED HOME APPLICATION

9505120068

RECORDER'S CLOCK

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'95 APR 18 11:29

FILED AT THE REQUEST OF:

NAME

ADDRESS

### 1. MANUFACTURED HOME

TPO/PLATE NUMBER YEAR MAKE WIDTH/LENGTH VEHICLE IDENTIFICATION NUMBER (VIN)  
1995 LIBERTY 44 X 28 09L29259XS-09L29259XU

### 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  
360531-0-002-0202

### 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 DATE  
X

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.

BLDG PERMIT #  
95-0130

NAME SIGNATURE/TITLE BLDG PERMIT OFFICE/PHONE # DATE  
Margaret Swint X Edward Turner, Jr. Okagaki Co 336 9410 4/3/95

### 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: FEES

NAME OF FIRST OWNER TURNER, EDWARD G. TURNER E G 4YECH  
NAME OF SECOND OWNER TURNER, LUCY M. TURNER L M 4C4DC  
ADDRESS OF OWNER 505 AERIE LANE  
CITY SEDRO WOOLLEY STATE WA ZIP CODE 98284  
--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.  
FILING FEE  
APPLICATION  
MOBILE HOME FEES  
ELIMINATION  
USE TAX  
SUB-AGENT FEES

NAME OF FIRST LEGAL OWNER\* LYNNWOOD MORTGAGE CORPORATION its successors and/or assigns  
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 5857  
CITY LYNNWOOD STATE WA ZIP CODE 98046  
\*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY  
More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.  
DEALER'S REPORT OF SALE  
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

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 imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY BY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THAT THE INFORMATION IS ACCURATE. Owner Signature(s) & Title(s):

X Edward G. Turner

X Lucy M. Turner

X

NOTARY OF LICENSE AGENT NUMBER

X

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 DEPT. OF LICENSING SIGNATURE OFFICE/VFS OPERATOR NUMBER DATE  
Teresa Medved X [Signature] 4-18-95

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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

This form is to be used when there is not sufficient room on TD-420-729, TD-420-730, or TD-420-731 to provide the legal description of the land. This form must be recorded with the Manufactured Home Form, 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 360531-C-002-0202 (P51124)

Legal Description:

LOT 34, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 181 TO 183, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Recording Office of County In Which Real Property Is Located  
I certify that this form has been recorded in the county records.

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NAME	SIGNATURE	COUNTY	DATE	RECORDING NUMBER
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