



MANUFACTURED HOME APPLICATION

FIRST AMERICAN TITLE

Please check one

- ☒ TITLE ELIMINATION (Complete all but section 3, below) 46673 '95
☐ TRANSFER IN LOCATION (Complete ALL sections below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

RECORDER'S CLOCK 6/2/95 OCT 24 1995	FILED AT THE REQUEST OF: NAME ADDRESS 9510240121
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1 MANUFACTURED HOME			
TPO/PLATE NUMBER	YEAR 1995	MAKE LIBERTY	WIDTH/LENGTH 28 / 70
			VEHICLE IDENTIFICATION NUMBER (VIN) 09L28671XU

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 4632-000-012-0001	

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 Doreen Walker	SIGNATURE/TITLE X Skagit County Permits	BLDG PERMIT # 94-1037	DATE 8/25/95
BLDG PERMIT OFFICE/PHONE # 336-9410			FEES

5 OWNER INFORMATION			
COUNTY # INC UNINC <input type="checkbox"/> <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:
NAME OF FIRST OWNER STREETER, GERALD R.		STREEGR702LB	
NAME OF SECOND OWNER		MOBILE HOME FEES	
ADDRESS OF OWNER 525 TALON COURT		ELIMINATION	
CITY SEDRO WOOLLEY	STATE WA	ZIP CODE 98284	USE TAX
NAME OF FIRST LEGAL OWNER NORWEST MORTGAGE, INC. its successors and/or assigns		SUB-AGENT FEES	
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 5137		TOTAL FEES & TAX	
CITY DES MOINES	STATE IA	ZIP CODE 50306-5137	\$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY. X		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 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):

X Gerald R. Streeter

X
X
NOTARY OR LICENSE AGENT & NUMBER

X
COUNTY AUDITOR/AGENT LICENSING OFFICE (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 10/24/95



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 4632-000-012-0001

Legal Description:

LOT 12, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.