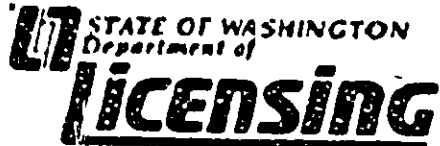


When recorded - 9511270127  
mail to - Escrow Works Inc.

FIRST AMERICAN TITLE CO

P. O. Box 6607  
Lynnwood, WA 98036

46071



### 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)

RECORDED AT REQUEST OF	RECORDED AT REQUEST OF
SKAGIT COUNTY	KATHY HILL
95	NOV 27 P3:54
6	2
8	

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	REQUEST OF	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1995	LEXINGTON	28/48	2T91-0805-H AB			

2

• 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: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER  
350710-3-005-0017

3

**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.

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**SKAGIT COUNTY PERMIT CENTER 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	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Jody Ann Goodman	X Jody Ann Goodman	336-9410	11-16-95

BLDG PERMIT # 95-1055

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**OWNER INFORMATION**

COUNTY # INC UNINC NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS

Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

REGISTERED OWNER	LEGAL OWNER
NAME OF FIRST REGISTERED OWNER WHITENER, SHANE C. NAME OF SECOND REGISTERED OWNER WHITENER, KRISTEN L. ADDRESS OF FIRST REGISTERED OWNER 770 GRANDY LANE CITY CONCRETE STATE WA. ZIP CODE 98237	NAME OF FIRST LEGAL OWNER LYNNWOOD MORTGAGE CORPORATION 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: X

More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)

**FILING FEE**  
APPLICATION  
MOBILE HOME FEES  
ELIMINATION  
USE TAX  
SUB-AGENT FEES  
TOTAL FEES & TAX  
\$

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:

Registered Owner Signature(s): (Title)

X Shane C. Whitener  
X Kristen L. Whitener  
X [Signature]

NOTARY OR DEEDS AGENT NUMBER Subscribed and Sworn to Before Me This Day of Oct 18 95

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME	WA DLR NO.	DEALER'S AUTHORIZED SIGNATURE	DATE OF SALE
CASH CORRAL INC.	4278	X [Signature]	

USE TAX EXEMPT Sale to Indian 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
DEPT. OF LICENSING SKAGIT COUNTY AUDITOR	X [Signature]	29-01-04	11/27/95

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**RECORDING OFFICE**

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9511270127			



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 350710-3-005-0017 (P42388)

Legal Description:

Lot 1, Short Plat No. 91-039, APPROVED SEPTEMBER 12, 1991, RECORDED OCTOBER 1, 1991, IN BOOK 10 OF SHORT PLATS, PAGE 10, UNDER AUDITOR'S FILE NO. 9110010015, AND BEING A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M.

9511270127

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

NAME	SIGNATURE	COUNTY	DATE	RECORDING NUMBER
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