

MANUFACTURED HOME APPLICATION

FIRST AMERICAN TITLE CO.

Please check one

- ☒ TITLE ELIMINATION (Complete all but section 3, below) 47226
☐ TRANSFER IN LOCATION (Complete ALL sections below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

RECORDER'S OFFICE 6/2/8 KATHY HILL SKAGIT COUNTY 95 NOV 28 A9:48	FILED AT THE REQUEST OF: NAME ADDRESS
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1. MANUFACTURED HOME 9511280015			
TPO/PLATE NUMBER	YEAR 1995	MAKE LIBERTY	WIDTH/LENGTH 44 X 28
			VEHICLE IDENTIFICATION NUMBER (VIN) 09L30351XU

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 4632-000-047-0006	

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.			BLDG PERMIT # 95-1156
NAME Jody Ann Goodman	SIGNATURE/TITLE X Jody Ann Goodman	BLDG PERMIT OFFICE/PHONE # 336-9410	DATE 11-3-95

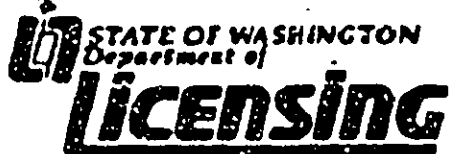
5. OWNER INFORMATION				SKAGIT COUNTY PERMIT CENTER		FEES	
COUNTY #	INC	UNINC	REGISTERED OWNERS	LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:		FILING FEE
NAME OF FIRST OWNER FLEISSNER, MITCHELL W.					FLEISSMAW40205		APPLICATION
NAME OF SECOND OWNER FLEISSNER, SHARON A.					FLEISSA451DF		MOBILE HOME FEES
ADDRESS OF OWNER 2219 FEATHER LANE					--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.		ELIMINATION
CITY SEDRO WOOLLEY			STATE WA	ZIP CODE 98284			USE TAX
NAME OF FIRST LEGAL OWNER NORWEST MORTGAGE, INC. its successors and/or assigns					6005197230010002		SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER P. O. BOX 5137					More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.		TOTAL FEES & TAX
CITY DES MOINES			STATE IA	ZIP CODE 50306-5137	DEALER'S REPORT OF SALE		\$
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY X					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 48.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):				WA DLR NO DD 4934	DATE OF SALE 11/22/95	PURCHASE PRICE \$31,732.11
X [Signature] X [Signature] X [Signature]				DEALER NAME CAMPBELL HOMES	TAX JURISDICTION/TAX RATE 7.6%	
NOTARY OR LICENSE AGENT'S NUMBER X [Signature]				USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
SUBSCRIBED TO AND FORWARDED BEFORE ME THIS 11/28/95				Residing in (County) Skagit		

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 DEPT. OF LICENSING	SIGNATURE X [Signature]	OFFICE/VFS OPERATOR NUMBER 2901-02	DATE 11-28-95

9511280015

BK1497PGU243



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 4632-000-047-0006

Legal Description:

LOT 47, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.