



ISLAND TITLE COMPANY
SB-5721 ✓ 3601020098

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK
KATHY HILL
96 JAN -2 P12 04
RECORDED AT REQUEST OF:

- 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)

1 MANUFACTURED HOME

YEAR: 87	MAKE: FLOUA	WIDTH/LENGTH: 66x28	VEHICLE IDENTIFICATION NUMBER (VIN): 9463	COLOR #1: BEST OF	COLOR #2: BOTTOM OR REAR COLOR:
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2 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: AFFIXED REMOVED

PROPERTY TAX PARCEL NUMBER: 4182-000-002-0000

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: X	DATE:
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NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

4 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: Sheryl Purnell	SIGNATURE/TITLE: Permit Tech	BLDG PERMIT OFFICE/PHONE NUMBER: 330 9410	DATE: 4/25/94
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5 OWNER INFORMATION

COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS: 1	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	FILING FEE
NAME OF FIRST REGISTERED OWNER: KARYN MARTINEZ					MARTI/KMS/SST/ST	APPLICATION
NAME OF SECOND REGISTERED OWNER:						MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER: 1092 GARDNER RD.					This "NUMBER" may be found on your Washington Drivers License/ I.D. Card --OR-- if the owner is a business, provide the Unified business identifier(UBI) number.	ELIMINATION
CITY: Burlington STATE: WA ZIP CODE: 98233						USE TAX
NAME OF FIRST LEGAL OWNER: Washington Mutual						SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. Box 590					More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)	TOTAL FEES & TAX
CITY: Burlington STATE: WA ZIP CODE: 98233						\$ 44.25
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X						

return to →

6 DEALER'S REPORT OF SALE

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

DEALER NAME:	DATE OF SALE:
WA DLR NO.:	DEALER'S AUTHORIZED SIGNATURE: X

NOTARY OR LICENSE AGENT & NUMBER: X [Signature]

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.

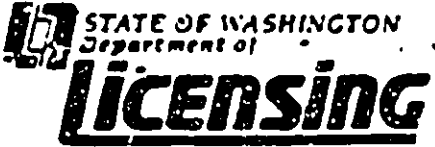
NAME: DEPT. OF LICENSING	SIGNATURE: X [Signature]	OFFICE/VS OPERATOR NUMBER: 29-01-04	DATE: 1/2/96
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7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER: 3601020098	COUNTY: Skagit	VOLUME/PAGE:	DATE: 1/2/96
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BK 1507 PC 0571



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 4182-000-002-0000

Legal Description:

LOT 2, REPLAT OF EVERGREEN ACRES DIV. NO. 1, ACCORDING TO THE PLAT THEREOF
RECORDED IN VOLUME 10 OF PLATS, PAGES 13 AND 14, RECORDS OF SKAGIT COUNTY
WASHINGTON.

SITUATED IN 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.

NAME	SIGNATURE	COUNTY	DATE	RECORDING NUMBER
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