

3331

FIRST AMERICAN TITLE CO.

STATE OF WASHINGTON
Department of
LicensingMANUFACTURED HOME
APPLICATION

Finalize check only

- ☒ 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.)

Escrow Works Inc.

P. O. Box 6607

LYNNWOOD, WA 98036

RECORDER'S CLOCK

SKAF

FILED AT THE REQUEST OF:

NAME

ADDRESS

96 JAN -4 P3:41

RECORDED FULL

1. MANUFACTURED HOME			
TPC PLATE NUMBER	YEAR	MAKE	WIDTH LENGTH
	1996	LEXINGTON	28 X 66
			3601040097
			REQUEST: F
			VEHICLE IDENTIFICATION NUMBER (VIN)
			2T91-0244-I AB

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	
340506-1-002-0302	
(P104616)	

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.			
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	BLDG PERMIT #
Tina Campbell	X Tina Campbell Permit Person	360/536-9410	45-1425
			DATE
			12/18/95

5. OWNER INFORMATION			
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:		FEES	
		FILING FEE	
		APPLICATION	
		MOBILE HOME FEES	
		ELIMINATION	
		USE TAX	
		SUB-AGENT FEES	
		TOTAL FEES & TAX	
		\$	
DEALER'S REPORT OF SALE			
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			
NAME OF FIRST OWNER		DATE OF SALE	
NISPEN, SEAN P.		4278	
NAME OF SECOND OWNER		PURCHASE PRICE	
SOTO, STEPHANIE H.		\$	
ADDRESS OF OWNER		TAX JURISDICTION/TAX RATE	
2290 OLD DAY CREEK ROAD			
STATE			
WA.			
ZIP CODE			
98284			
NAME OF FINANCIAL INSTITUTION			
LYNNWOOD MORTGAGE CORPORATION			
MAILING ADDRESS OF FINANCIAL INSTITUTION			
P.O. Box 5857			
STATE			
WA.			
ZIP CODE			
98046			
SIGNATURE OF LEGAL OWNER			
FROM REAL PROPERTY			

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

X Sean P. Nispel

X Stephanie H. Soto

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

WADU NO

4278

DATE OF SALE

PURCHASE PRICE

\$

DEALER NAME

COACH CORRAL INC

DEALER'S SIGNATURE

X Tina Campbell

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY PUBLIC AGENT

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

X Tina Campbell

SUBSCRIBED TO AND SWORN BEFORE ME THIS

DAY OF

JANUARY 1996

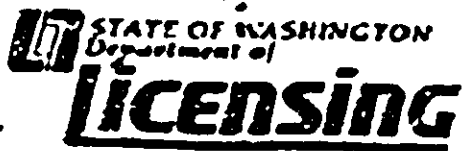
Residing in (County)

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.

9601040097

NAME	SIGNATURE	OFFICE'S OPERATOR NUMBER	DATE
T Medved	X T Medved	8901-11	1-4-96



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 340506-1-002-0302 (P104616)

Legal Description:

The land referred to herein is situated in the County of SKAGIT, State of Washington, and is described as follows:

Lot 2, Skagit County Short Plat No. 90-70, approved January 24, 1991, and recorded January 24, 1991, in Volume 9 of Short Plats, Page 307, under Auditor's File No. 9101240032, records of Skagit County, Washington, being a portion of the Southeast 1/4 of the Northeast 1/4 of Section 6, Township 34 North, Range 5 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress and egress, 20 feet wide across Lot 1 of Short Plat 90-70, and described in easement recorded November 1, 1995, under Auditor's File No. 9511010116, 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.

NAME SIGNATURE COUNTY DATE RECORDING NUMBER