

UNOFFICIAL

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

SKAGIT

'95 JAN 17 P1:26

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)

9601170063

RECORDED BY REQUEST OF

1

MANUFACTURED HOME

Table with columns: YEAR (83), MAKE (BELMT), WIDTH/LENGTH (66/28), VEHICLE IDENTIFICATION NUMBER (10472), COLOR #1 TOP OR FRONT, COLOR #2 BOTTOM OR REAR COLOR.

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: [X] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER 350424-0-055-0209

3

TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

Legal Attached

Table with columns: NAME, TITLE COMPANY/PHONE NUMBER, SIGNATURE (X), DATE

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.

BLDG PERMIT # 13410

Table with columns: NAME (ARON McCombs), SIGNATURE/TITLE (Aron McCombs), BLDG PERMIT OFFICE PHONE NUMBER (360) 855-0771, DATE 1-17-96

5

OWNER INFORMATION

COUNTY & INC. UNINC. NUMBER OF REGISTERED OWNERS 4 NUMBER OF LEGAL OWNERS Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

Table with columns: \*FEES (FILING FEE, APPLICATION, MOBILE HOME FEES, ELIMINATION, USE TAX, SUB-AGENT FEES, TOTAL FEES & TAX, PURCHASE PRICE, TAX JURISDICTION/TAX RATE, DATE OF SALE)

Table with columns: NAME OF FIRST REGISTERED OWNER (Smith, Clifton A.), NAME OF SECOND REGISTERED OWNER (Smith, Esther H.), ADDRESS OF FIRST REGISTERED OWNER (407 Jones Rd, Sedro-Woolley, WA 98284), NAME OF FIRST LEGAL OWNER (West One Bank, WA), MAILING ADDRESS OF FIRST LEGAL OWNER (P.O. Box 271, Sedro-Woolley, WA 98284), SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE (X)

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. 60:039:3423

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

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 9A.02.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF CRIMINAL LAW THAT I WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Registered Owner (Signature) (Title)

DEALER'S REPORT OF SALE

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

Table with columns: DEALER NAME, WA DLR NO., DEALER'S AUTHORIZED SIGNATURE, DATE OF SALE

NOTARY ON LICENSE AGENT (Signature) Subscribed and Sworn to Before Me This 16th Day of January 1996 Skagit County

USE TAX EXEMPT (Not for use by Sub-Agents) 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.

Table with columns: NAME (DEPT. OF LICENSING), SIGNATURE (Sally P. ...), OFFICER'S OPERATOR NUMBER (29-01-04), DATE (1/17/96)

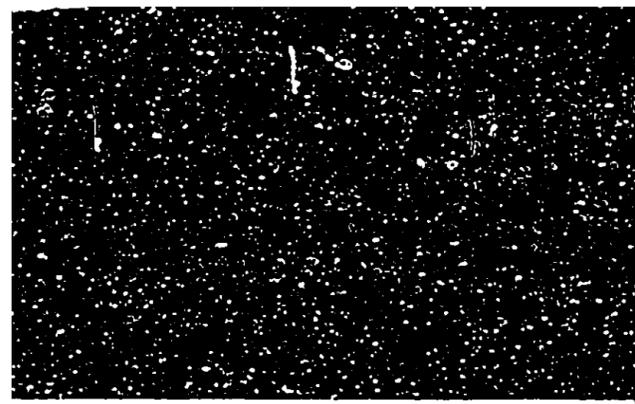
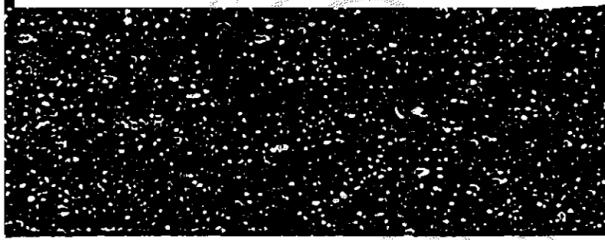
7

RECORDING OFFICE

This form has been recorded in the county records.

Table with columns: RECORDING NUMBER (9601170063), COUNTY (Skagit), VOLUME/PAGE (15:2-002), DATE (1-17-96)

102



STATE OF WASHINGTON  
Department of  
**LICENSING**

**MANUFACTURED HOME APPLICATION**

RECORDER'S CLOCK

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:

**1 MANUFACTURED HOME**

YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	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

**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.

**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	SIGNATURE/TITLE	BLDG PERMIT #	BLDG PERMIT OFFICE/PHONE NUMBER	DATE
Arthur M. Verbits	X [Signature]	1340	(360) 855-2171	1-17-96

**5 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:

NAME OF FIRST REGISTERED OWNER	NAME OF SECOND REGISTERED OWNER	ADDRESS OF FIRST REGISTERED OWNER	NAME OF FIRST LEGAL OWNER	MAILING ADDRESS OF FIRST LEGAL OWNER	SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE	DATE
Keplinger, Steve	Keplinger, Cheryl	407 Jones Rd	West One Bank, Wa	P.O. Box 271	[Signature]	1-16-96

STATE: ZIP CODE: WA 98284

UNIFIED BUSINESS IDENTIFIER (UBI) NUMBER: 600393423

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

**FILING FEES**

APPLICATION
MOBILE HOME FEES
ELIMINATION
USE TAX
SUB-AGENT FEES
<b>TOTAL FEES &amp; TAX</b>
\$

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 \$5000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY AND TRULY CERTIFY UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE AND EXHAUSTIVE.

**DEALER'S REPORT OF SALE**

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

REGISTERED OWNER SIGNATURES	DEALER NAME	DATE OF SALE	PURCHASE PRICE
X Steve Keplinger X Cheryl Keplinger	[Signature]		\$

NOTARY PUBLIC: Dally Dickole, State of Washington, Commission Expires March 24, 1998

DEALER'S AUTHORIZED SIGNATURE: [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	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
DEPT. OF LICENSING	[Signature]	29-01-04	1/17/96

**7 RECORDING OFFICE**

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9601170063	SK	1512100022	

9601170063

272

COUNTY ASSESSOR  
COURTHOUSE BUILDING, ROOM 103  
205 W. KINCAID STREET  
MOUNT VERNON, WA 98273-4294

OFFICE OF THE  
SKAGIT COUNTY  
ASSESSOR  
(206) 336-9370

FIRST CLASS MAIL  
U.S. POSTAGE  
PAID  
POSTCARD RATE  
PERMIT NO. 17  
MT. VERNON, WA

ADDRESS CORRECTION REQUESTED

## REAL PROPERTY VALUE CHANGE NOTICE

THE 1995 VALUE HAS BEEN  
CHANGED FOR TAXES DUE IN 1995

PREVIOUS VALUE	NEW VALUE
14,000	15,900
25,000	25,000
0	
39,000	40,900

DATE OF NOTICE 11/15/95

ACCOUNT NUMBER 350424-0-055-2209

LEGAL DESCRIPTION P37409  
PTN OF NW1/4 NW1/4 DAF CCM AAP  
ON THE W LI OF SD NW1/4 NW1/4  
50 FT S OF THE NW COR OF SD SEC  
24 50 FT BEING ON THE S L OF  
THE ABANDONED R/W OF THE PUGET

MAIL TO: (21713)  
K. P. LINGER STEPHEN W ETAL

207 S JONES RD  
SEASIDE WACOLLEY WA 98294

**COPY**  
*Rogge J. Adell*  
29-01-04

SK1512760023

9601170063