



## MANUFACTURED HOME APPLICATION

3601170084

## 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)

SA-14138, SA-15289

RECORDER'S CLOCK

SKC

96 JAN 17 P3:38

RECORDED AT  
REQUEST OF:

ISLAND TITLE CO.

## MANUFACTURED HOME

| YEAR | MAKE      | WIDTH/DEPTH | VEHICLE IDENTIFICATION NUMBER (VIN) | COLOR #1<br>TOP OR<br>FRONT | COLOR #2<br>BOTTOM OR<br>REAR COLOR |
|------|-----------|-------------|-------------------------------------|-----------------------------|-------------------------------------|
| 1995 | FLEETWOOD | 25X48       | ORFLR48A19347A1B                    |                             |                                     |

## 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  
P59478

## 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.

## 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 #

Com 94-0175

| NAME            | SIGNATURE/TITLE | BLDG PERMIT OFFICE/PHONE NUMBER | DATE    |
|-----------------|-----------------|---------------------------------|---------|
| Dem measurement | X               | Inspector 360-393-1901          | 2-17-95 |

## OWNER INFORMATION

## FEES

| COUNTY #                                                                                                                                                          | INC. | UNINC. | NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS | Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner: | FILING FEE      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|-----------------------------|------------------------|----------------------------------------------------------------------------------|-----------------|
| 5                                                                                                                                                                 |      |        | 1                           | 1                      |                                                                                  |                 |
| NAME OF FIRST REGISTERED OWNER<br>TORRES, BARBARA                                                                                                                 |      |        |                             |                        |                                                                                  | TORRES, BARBARA |
| NAME OF SECOND REGISTERED OWNER                                                                                                                                   |      |        |                             |                        |                                                                                  |                 |
| ADDRESS OF FIRST REGISTERED OWNER<br>4623 DEVONSHIRE DR.                                                                                                          |      |        |                             |                        |                                                                                  |                 |
| CITY<br>ANACORTES                                                                                                                                                 |      |        |                             |                        |                                                                                  |                 |
| STATE<br>WA                                                                                                                                                       |      |        |                             |                        |                                                                                  |                 |
| ZIP CODE<br>98221                                                                                                                                                 |      |        |                             |                        |                                                                                  |                 |
| NAME OF FIRST LEGAL OWNER<br>EMERALD MORTGAGE                                                                                                                     |      |        |                             |                        |                                                                                  |                 |
| MAILING ADDRESS OF FIRST LEGAL OWNER<br>5820A SOUTH KRAMER RD.                                                                                                    |      |        |                             |                        |                                                                                  |                 |
| CITY<br>LANGLEY                                                                                                                                                   |      |        |                             |                        |                                                                                  |                 |
| STATE<br>WA                                                                                                                                                       |      |        |                             |                        |                                                                                  |                 |
| ZIP CODE<br>98260                                                                                                                                                 |      |        |                             |                        |                                                                                  |                 |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR<br>ELIMINATION OF TITLE. X                                                                                         |      |        |                             |                        |                                                                                  |                 |
| DATE                                                                                                                                                              |      |        |                             |                        |                                                                                  |                 |
| 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. |      |        |                             |                        |                                                                                  |                 |
| More than two registered or one legal owner? ... Please use attachment forms (TD-420-732)                                                                         |      |        |                             |                        |                                                                                  |                 |
| 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 OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

(Title)

## DEALER'S REPORT OF SALE

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

## PURCHASE PRICE

\$

## TAX JURISDICTION/TAX RATE

## DEALER NAME

## DATE OF SALE

VCCox Home Center

WA DLN NO

DEALER'S AUTHORIZED SIGNATURE

4427

Residing in

County

USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)

## 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.

| SIGNATURE | OFFICIALS OPERATOR NUMBER | DATE    |
|-----------|---------------------------|---------|
| T. Medved | 2901-11                   | 1-17-96 |

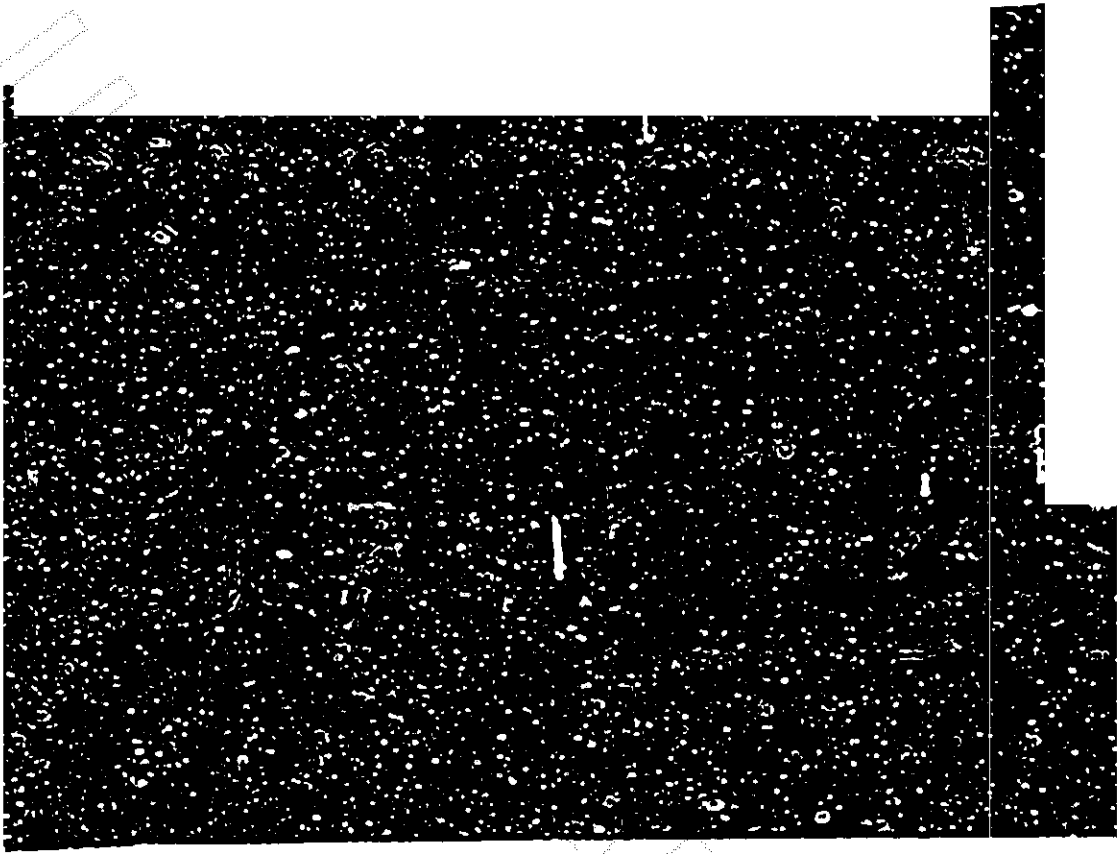
## RECORDING OFFICE

This form has been recorded in the county records.

| RECORDING NUMBER | COUNTY | VOLUME/PAGE | DATE    |
|------------------|--------|-------------|---------|
| 3601170084       | Sagit  |             | 1-17-96 |

TD-420-732 MANUFACTURED HOME APPLICATION Form 1/95

3601170084



Lot 81, SKYLINE NO. 6 according to the plat thereof recorded  
in Volume 9 of Plats, page 64, records of Skagit County,  
Washington.

8601170084

8K1512FG0100