



MANUFACTURED HOME APPLICATION

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)

RECORDER'S CLOCK

9603110138

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:
1994	OAKSP	56/28	32910946GAB		
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: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
PROPERTY TAX PARCEL NUMBER 3877-000-173-0005 3877-000-174-0004					
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		
Karen Graves	First American Title	Karen Graves	9-18-95		
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	BUILDING PERMIT OFFICE PHONE NUMBER	DATE		
Marge Swint	Permit Sub Agent	361-9410	9/20/95		
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			SPRAGUE, Robert W.		
NAME OF SECOND REGISTERED OWNER			SPRAGUE, Glenda J.		
ADDRESS OF FIRST REGISTERED OWNER			4389 Baker Drive		
CITY	STATE	ZIP CODE			
Concrete,	WA	98237			
NAME OF FIRST LEGAL OWNER*			America's Wholesale Lender		
MAILING ADDRESS OF FIRST LEGAL OWNER			Branch #929, 4110 Carillon Point		
CITY	STATE	ZIP CODE			
Kirkland,	WA	98038			
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR			DATE		
ELIMINATION OF TITLE: X			9/15/95		
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 49.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Registered Owner Signature(s):			(Title)		
Robert W. Sprague					
Glenda J. Sprague					
NOTARY OR LICENSE AGENT & NUMBER			Subscribed and Sworn to Before Me This		
Cheri Monique Nicol			18 Day of Sept. 18 95		
Residing in			USE TAX EXEMPT See to Indians on the Reservation (attach notarized statement of delivery)		
Skagit			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.					
NAME	SIGNATURE	OFFICE/OPS OPERATOR NUMBER	DATE		
DEPT. OF LICENSING	X	2401-01	3-11-96		
7 RECORDING OFFICE					
This form has been recorded in the county records.					
RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE		

9603110138

BK 1527 PC0515

Order No. 46804

SCHEDULE "C"

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

Tracts 173 and 174, "CEDARGROVE ON THE SKAGIT", as per plat recorded in Volume 9 of Plats, Pages 48 through 51, records of Skagit County, Washington.

KATHY HILL
SKAGIT COUNTY ATTORNEY

96 MAR 11 P4:24

RECORDED.....FILED.....
REQUEST OF.....