



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK SK '96 APR 25 P3:36 of	FILED AT THE REQUEST OF. NAME ADDRESS LOAN MAX Jared J. [unclear]
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Please check one

- 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)

9604250079

1 MANUFACTURED HOME			
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	95	Fleetwood	27/66
VEHICLE IDENTIFICATION NUMBER (VIN)			ORFLS48AB21473-GH13

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED P36171	
PROPERTY TAX PARCEL NUMBER	350411-1-003-0007/

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			BLDG PERMIT # 910-0335
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
JOANNE OSTLUND	Joanne Ostlund, Permit Clerk	360 336-4410	4-2-96

5 OWNER INFORMATION			
COUNTY #	INC	UNINC	# REGISTERED OWNERS
Skagit	<input type="checkbox"/>	<input type="checkbox"/>	2
# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:		FILING FEE
1			APPLICATION
NAME OF FIRST OWNER		HUGE*BD436QC	MOBILE HOME FEES
Bruce D. Huge			
NAME OF SECOND OWNER		HUGE*JD430MS	ELIMINATION
Jennifer D. Huge			
ADDRESS OF OWNER		OR if the owner is a business provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document	USE TAX
CITY	STATE	ZIP CODE	SUB AGENT FEES
Sedro Woolley	WA	98284	
NAME OF FIRST LEGAL OWNER*		303135008	TOTAL FEES & TAX
InterWest Savings Bank		More than two owners or one lienholder? Please use attachment form(s) #TD 420 732	\$
MAILING ADDRESS OF FIRST LEGAL OWNER		DEALER'S REPORT OF SALE	
P.O. Box 1649		I certify that this information is correct. The vehicle is clear of encumbrances except as shown	
CITY	STATE	ZIP CODE	
Oak Harbor	WA	98277	
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY			
X <i>Bruce D. Huge / Loan Specialist</i>			

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 OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s)		
WA DLR NO	DATE OF SALE	PURCHASE PRICE
		\$
DEALER NAME		TAX JURISDICTION/TAX RATE
DEALER'S AUTHORIZED SIGNATURE		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSE AGENT & NUMBER	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X Candace M. Taylor	11th DAY OF March 19 96	Skagit

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents) My commission expires 1/1/97
Candace M. Taylor

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
T. Medved	X T. Medved	2901-11	4-25-96

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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 350411-1-003-0007/P36171

Legal Description:

The North 1/2 of the East 1/2 of the South 1/2 of the Northeast 1/4 of the Northeast 1/4 of Section 11, Township 35 North, Range 4 East, W.M., less road.

Situate in the County of Skagit, State of 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