



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

FILED AT THE REQUEST OF:
NAME

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)

'96 MAY 14 AM 11:36

ADDRESS

REQUEST OF *First American* 48226

1 MANUFACTURED HOME

TPO/PLATE NUMBER: **9605140070** YEAR: **94** MAKE: **SKYLN** WIDTH/LENGTH: **28/44** VEHICLE IDENTIFICATION NUMBER (VIN): **8110657**

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
3877-000-003-6691-010
PG4061 P104944

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: **X** DATE: _____

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: **Jody Ann Goodman** SIGNATURE/TITLE: **X Jody Ann Goodman** BLDG PERMIT #/PHONE #: **336-9410** BLDG PERMIT #/DATE: **94-0922 / 3/18/96**

5 OWNER INFORMATION

COUNTY # INC UNINC REGISTERED OWNERS LEGAL OWNERS
 Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

REGISTERED OWNERS
 NAME OF FIRST OWNER: **EVERETT J. TUCKER**
 NAME OF SECOND OWNER: **DIANE TUCKER**
 ADDRESS OF OWNER: **819-A CEDAR GRIVE AVE.**
 CITY: **CONCRETE** STATE: **WA** ZIP CODE: **98237**

LEGAL OWNER
 NAME OF FIRST LEGAL OWNER: **CROSSLAND MORTGAGE CORP., its successors and/or assigns**
 MAILING ADDRESS OF FIRST LEGAL OWNER: **600 108TH AVE. N.E. #314**
 CITY: **BELLEVUE** STATE: **WA** ZIP CODE: **98004**

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY **X [Signature]**

SKAGIT COUNTY PERMIT CENTER
FEEES
 FILING FEE: _____ APPLICATION: _____
 MOBILE HOME FEES: _____ ELIMINATION: _____
 USE TAX: _____ SUB-AGENT FEES: _____
 TOTAL FEES & TAX: \$ _____

--OR-- if the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses Document.
600 643 945

More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

DEALER'S REPORT OF SALE

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

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 30 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY 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: **X [Signature]**

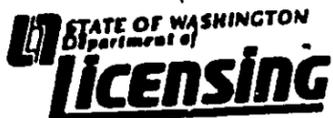
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY OR LICENSE AGENT & NUMBER: **X [Signature]** SUBSCRIBED TO AND SWORN BEFORE ME THIS **25th** DAY OF **March** 19 **96** Residing in (County): **Skagit**

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: **T. Medved** SIGNATURE: **X [Signature]** OFFICE/VFS OPERATOR NUMBER: **2901-11** DATE: **5-9-96**



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application 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 3877-000-003-0001 (P64061)

Legal Description:

Tract3, "CEDARGROVE ON THE SKAGIT", as per plat recorded in Vol. 9 of Plats, pages 48 through 51, inclusive, records of Skagit County, Washington.