



MANUFACTURED HOME APPLICATION

Please check one ISLAND TITLE COMPANY SB-8930

- 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	FILED AT THE REQUEST OF:
	NAME
	ADDRESS
9605220043 '96	MAY 22 P12:20

1 MANUFACTURED HOME				
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	MARLETTE	66 X 28	H0125730

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	
PROPERTY TAX PARCEL NUMBER	4184-001-003-0005
	4184-001-004-0004

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.			
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Bill Dowe	X Bill Dowe Plans Examiner	336-9410	5/1/96

5 OWNER INFORMATION			
COUNTY #	INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
	<input type="checkbox"/> <input type="checkbox"/>	2	1
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			FEES
NAME OF FIRST OWNER			FILING FEE
LOGAN, ROBERT L.			APPLICATION
NAME OF SECOND OWNER			MOBILE HOME FEES
LOGAN, MYRNA J.			ELIMINATION
ADDRESS OF OWNER			USE TAX
879 HALLORAN ROAD			SUB-AGENT FEES
CITY	STATE	ZIP CODE	TOTAL FEES & TAX
BOW	WA	98232	
NAME OF FIRST LEGAL OWNER*			\$
U.S. HOME LOANS			
MAILING ADDRESS OF FIRST LEGAL OWNER			
220 UNITY STREET			DEALER'S REPORT OF SALE
CITY	STATE	ZIP CODE	I certify that this information is correct. The vehicle is clear of encumbrances except as shown.
BELLINGHAM	WA	98227-1198	
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY <input checked="" type="checkbox"/>			

Anyone who knowingly makes a false statement of a material fact is guilty of perjury and upon conviction may be punished by a fine of up to \$5,000 and 5 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
X <i>Robert Logan</i>	4173	1-20-96	\$75,990.00
X <i>Myrna Logan</i>	DEALER NAME		TAX JURISDICTION/TAX RATE
X <i>Marcia J. Jennings</i>	LAZY Z HOME CENTER		8.2
	DEALER'S AUTHORIZED SIGNATURE		
	X <i>Judy Beachner</i>		
	<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
NOTARY LICENSE AGENT # NUMBER	TO AND SWORN BEFORE ME THIS	Residing in (County)	
X Marcia J. Jennings	29 DAY OF March 19 96	Skagit	

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents) My Comm. Exp: 10/5/96			
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	X <i>August</i>	1901-02	5-22-96

5190177



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 4184-001-003-0005
4184-001-004-0004

Legal Description:

LOTS 3 AND 4, BLOCK 1, REPLAT OF LOTS 1 THROUGH 6, 10 THROUGH 18, 37 THROUGH 38, BLOCK 2, AND 1 THROUGH 18, BLOCK 1, SAMISH TERRACE, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 10 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

9605220043