



MANUFACTURED HOME APPLICATION

9606170220

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)

|  |   |
|--|---|
| RECORDER'S CLOCK<br>SKAT<br>'96 JUN 17 P3:47 | FILED AT THE REQUEST OF:<br>NAME<br><br>ADDRESS |
|--|---|

|   |              |                           |                       |
|---|--------------|---------------------------|-----------------------|
| 1 MANUFACTURED HOME                                   |              |                           |                       |
| TPO/PLATE NUMBER                                      | YEAR<br>1996 | MAKE SKYLINE<br>LEXINGTON | WIDTH/LENGTH<br>28/34 |
| VEHICLE IDENTIFICATION NUMBER (VIN)<br>2T91-0661-1 AB |              |                           |                       |

|   |  |
|---|--|
| 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).<br>Manufactured home will be <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED |  |
| PROPERTY TAX PARCEL NUMBER<br>4619-000-011-0000   |  |

|  |                            |                |      |
|--|----------------------------|----------------|------|
| 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<br>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. |  |   | BLDG PERMIT #<br>047-95 |
| NAME<br>Dm L. Sutton   | SIGNATURE/TITLE<br>X Building Official | BLDG PERMIT OFFICE/PHONE #<br>(360)826-3983 | DATE<br>4-6-96          |

|  |                     |                   |   |   |                                 |
|--|---------------------|-------------------|---|---|---------------------------------|
| 5 OWNER INFORMATION  |                     |                   |   | FEES  |                                 |
| COUNTY # INC UNINC<br>3929 <input type="checkbox"/> <input checked="" type="checkbox"/>  | # REGISTERED OWNERS | # LEGAL OWNERS    | Provide the Washington Driver's License or I.D. card number (PIC) for each owner: | FILING FEE<br>3.00  | APPLICATION<br>1.25             |
| NAME OF FIRST OWNER<br>HEMMINGSON, LESTER E.   |                     |                   |   | HEMMILE615BH  | MOBILE HOME FEES<br>15.00       |
| NAME OF SECOND OWNER<br>HEMMINGSON, SANDRA A.  |                     |                   |   | HEMMISA537DB  | ELIMINATION<br>25.00            |
| ADDRESS OF OWNER<br>615 SHILOH LANE  |                     |                   |   | ..OR.. if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.<br>UBI #600 453 730 | USE TAX<br>2886.00              |
| CITY<br>HAMILTON   | STATE<br>WA         | ZIP CODE<br>98233 |   | SUB-AGENT FEES  |                                 |
| NAME OF FIRST LEGAL OWNER*<br>LYNWOOD MORTGAGE CORPORATION, its successors   |                     |                   |   | More than two owners or one lienholder? Please use attachment form(s). #TD-420-732.   | TOTAL FEES & TAX<br>\$ 2,930.25 |
| MAILING ADDRESS OF FIRST LEGAL OWNER<br>P.O. BOX 5857  |                     |                   |   |   |                                 |
| CITY<br>LYNWOOD  | STATE<br>WA         | ZIP CODE<br>98046 |   |   |                                 |
| *SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X Patricia A. Curtis, Corporate Sec |                     |                   |   | 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 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<br>4278   | DATE OF SALE<br>4-10-96           | PURCHASE PRICE<br>\$ 37,000.1- |
| X Lester E. Hemmingson   |  |  | DEALER NAME<br>COACH CORP INC.  | TAX JURISDICTION/TAX RATE<br>7.8% |                                |
| X Sandra A. Hemmingson   |  |  | DEALER'S AUTHORIZED SIGNATURE<br>X Patricia A. Curtis   |                                   |                                |
| X  |  |  | <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<br>X | SUBSCRIBED TO AND SWORN BEFORE ME THIS<br>7 <sup>th</sup> DAY OF June 1996 | Residing in (County)<br>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<br>DEPT. OF LICENSING  | SIGNATURE<br>X [Signature] | OFFICE/VFS OPERATOR NUMBER<br>29-01-04 | DATE<br>6/17/96 |

9606170220

BK1559PG0548



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 4619-000-011-0000(P105058)

Legal Description:

LOT 11, OF "ELK RUN ESTATES", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE 173, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING AN AMENDMENT OF THE PLAT OF "MAX SUTTON ESTATES", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 161 AND 162, WHICH IS AN AMENDMENT OF PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 127 AND 128, RECORDS OF SKAGIT COUNTY, WASHINGTON.

*L.R.*  
*S.H.*