



MANUFACTURED HOME APPLICATION

Please check one

9606240093

- ☒ 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

96 JUN 24 1996

FILED AT THE REQUEST OF:

NAME
LAND TITLE COMPANY

ADDRESS
2801 COMMERCIAL AVE.
ANACORTES, WA
98221

1 MANUFACTURED HOME		VEHICLE IDENTIFICATION NUMBER (VIN) WAFLS31A13390-WC13	
TPO PLATE NUMBER	YEAR 1995	MAKE FLEETWOOD WAVERLY CREST	WIDTH/LENGTH 28 X 56
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 4139-008-004-0005
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.			BLDG PERMIT # 95-0618
NAME Marge Swint	SIGNATURE/TITLE X Marge Swint	BLDG PERMIT OFFICE/PHONE # 601-655-755	DATE 6/24/96
5 OWNER INFORMATION			
COUNTY INC UNINC <input type="checkbox"/> <input checked="" type="checkbox"/>	REGISTERED OWNERS 1	LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner: BARRON 5449 NU
NAME OF FIRST OWNER BARRON, STEVEN			FILING FEE
NAME OF SECOND OWNER dba NORTHERN DEVELOPMENT			APPLICATION
ADDRESS OF OWNER 366 MARTIN ROAD			MOBILE HOME FEES
CITY SEDRO-WOOLLEY	STATE WA	ZIP CODE 98284	ELIMINATION
NAME OF FIRST LEGAL OWNER THE PROVIDENT BANK IT'S SUCCESSOR AND OR ASSIGNS			USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER 1 E. FOURTH STREET			SUB-AGENT FEES
CITY CINCINNATI	STATE OH	ZIP CODE 45202	TOTAL FEES & TAX \$
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY X J. L. [Signature]			DEALER'S REPORT OF SALE
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 THAT I, WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s): X [Signature] X [Signature] X [Signature]			WADLR NO DATE OF SALE 6/1/95 PURCHASE PRICE \$30,302.00
NOTARY PUBLIC J. L. [Signature]			TAX JURISDICTION/TAX RATE Skagit (7.8)
DEALER NAME BETTER HOMES SYSTEM			DEALER'S AUTHORIZED SIGNATURE [Signature]
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)			
NOTARY OR LICENSING AGENT'S NUMBER X [Signature]			WORN BEFORE ME THIS 6-24-96
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 Michael	SIGNATURE X Michael	OFFICE/VFS OPERATOR NUMBER 2701-11	DATE 6-24-96

Lots 3 and 4, Block 8, "PLAT OF MOUNTAIN VIEW ON CLEAR LAKE", as per plat recorded in Volume 2 of Plats, page 65, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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BK 156 / PG 0327

7626-1996