



MANUFACTURED HOME APPLICATION 9607230001

RECORDER'S CLOCK: KATHY HILL SKAGIT COUNTY WASHINGTON 96 JUL 23 08:55. FILED AT THE REQUEST OF: Island Title Co. ADDRESS: P.O. Box 1228 Anacortes, WA 98221

- Please check one: [X] 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)

1 MANUFACTURED HOME: TPO/PLATE NUMBER, YEAR 89, MAKE FLEETWOOD, WIDTH/LENGTH 56-28, VEHICLE IDENTIFICATION NUMBER (VIN) ORFLR48209507GH

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 [X] AFFIXED [] REMOVED. PROPERTY TAX PARCEL NUMBER P82898

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

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 ROBERT OSBORNE, SIGNATURE/TITLE X Robert Osborne Building Insp., BLDG PERMIT OFFICE/PHONE # 293-1901, DATE 6-6-96

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: WILLIAM R. ANDERSON (ANDERWR761PK), MYRTLE M. ANDERSON (ANDERM676NF), 2414 Vista Lane, Anacortes, WA 98221. FILING FEE, APPLICATION, MOBILE HOME FEES, ELIMINATION, USE TAX, SUB-AGENT FEES, TOTAL FEES & TAX \$

DEALER'S REPORT OF SALE: I certify that this information is correct. The vehicle is clear of encumbrances except as shown. WA DLR NO, DATE OF SALE, PURCHASE PRICE, DEALER NAME, TAX JURISDICTION/TAX RATE, DEALER'S AUTHORIZED SIGNATURE X, USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY OR LICENSE AGENT & NUMBER: [Signature] SUBSCRIBED TO AND SWORN BEFORE ME THIS 3 DAY OF July 1996 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 DEPT. OF LICENSING, SIGNATURE X, OFFICE/VFS OPERATOR NUMBER 2901.02, DATE 7-19-96

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BK 1569PG0371

LEGAL DESCRIPTION

Lot 20, PLAT OF VISTA TOO DIV. NO. I, according to the plat thereof recorded in Volume 13 of Plats, pages 80 and 81, records of Skagit County, Washington.