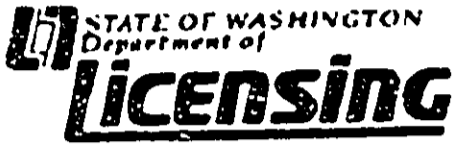


9607240087



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF:
	NAME
	ADDRESS
KATHY HILL SKAGIT COUNTY AUDITOR	
96 JUL 24 P 3:41	

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)

1 MANUFACTURED HOME				RECORDED	VEHICLE IDENTIFICATION NUMBER (VIN)
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH		
\$92146	1980	PEERL	70/14	09L16090	

2 LAND		PROPERTY TAX PARCEL NUMBER
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		4375-000-009-0000
		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED

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		BLDG PERMIT #
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.		11909
NAME	SIGNATURE/TITLE	DATE
Brandon Black	X Brandon Black Tech Permit	7-23-96
		BLDG PERMIT OFFICE/PHONE #
		330-29410

5 OWNER INFORMATION				SKAGIT COUNTY PERMIT CENTER	FILING FEE
COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	APPLICATION
	<input type="checkbox"/>	<input type="checkbox"/>	2	2	
Provide the Washington Driver's License card number (PIC) for each owner:					MOBILE HOME FEES
NAME OF FIRST OWNER				MCLEGE628N1	ELIMINATION
MCLELLAN, GARY E.					USE TAX
NAME OF SECOND OWNER				MCLELSA612LR	SUB-AGENT FEES
MCLELLAN, SHIRLEY					
ADDRESS OF OWNER				--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	
699 DANYA PLACE				MCLEGE628N1	
CITY	STATE	ZIP CODE	More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.		
SEDRO WOOLLEY	WA	98284	DEALER'S REPORT OF SALE		
NAME OF FIRST LEGAL OWNER				I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	
MCLELLAN, GARY E.					
MAILING ADDRESS OF FIRST LEGAL OWNER				TOTAL FEES & TAX	
699 DANYA PLACE				\$	
CITY	STATE	ZIP CODE			
SEDRO WOOLLEY	WA	98284			
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT TO ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY					
X Gary Mclellan					
X Shirley Mclellan					

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	DATE OF SALE	PURCHASE PRICE
X Gary Mclellan					\$
X Shirley Mclellan			DEALER NAME		TAX JURISDICTION/TAX RATE
X			DEALER'S AUTHORIZED SIGNATURE		
			<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	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X Marcia J. Jennings	24th DAY OF July 19 96	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	SIGNATURE	OFFICE/VEH OPERATOR NUMBER	DATE
Medved	X Medved	2901-11	7-24-96



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.

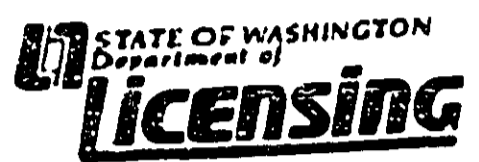
Check type of application: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number 4375-000-009-0000 P80727

Legal Description:

TRACT 9, "PLAT OF THOMAS CREEK", AS PER PLAT RECORDED IN VOLUME 12 OF PLATS, PAGE 14, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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

Property Tax Parcel Number: 4375-000-009-0000 P80727

Registered Owners Printed Name(s):

Washington Client "NUMBER"

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Signature of Legal Owner indicates consent for elimination of title:

1. X *Shirley M. McLellan*
SHIRLEY MCELLAN

M CLELSA612LR

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 up to 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:

Registered Owners Signature(s):

Date

- 1. X _____
- 2. X _____
- 3. X _____
- 4. X _____
- 5. X _____
- 6. X _____
- 7. X _____
- 8. X _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

NOTARY OR LICENSE AGENT & NO. <u><i>Marcia J. Jennings</i></u>	Subscribed to and Sworn to before me this <u>24</u> day of <u>July</u> , 19 <u>96</u>		RECORDING NUMBER			
	PRINTED NAME OF NOTARY <u>Marcia J. Jennings</u>	COUNTY <u>Skagit</u>	COMMISSION EXPIRES <u>10-5-96</u>	COUNTY	VOLUME	PAGE

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