

DOCUMENT BEING RE-RECORDED TO CORRECT TAX #

licensing

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

9608150053

KATHY HILL

SKAGIT

FILED AT THE REQUEST OF

FILED

AUG 15 AM 11:36

SKAGIT KATHY HILL

Please check one ISLAND TITLE COMPANY SB-9142

- ☒ 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	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	SKYLINE	28/40	2191-1-076-I 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).
Manufactured home will be ☐ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
350312-0-003-0007

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.

BLDG PERMIT #
96-0604

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Brandon Black	Brandon Black Permit Tech	Permit 336-9410	8-5-96

5 OWNER INFORMATION

SKAGIT COUNTY PERMIT CENTER

FEES

COUNTY INC UNINC REGISTERED OWNERS LEGAL OWNERS
SKAGIT ☐ ☐ Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

REGISTERED	NAME OF FIRST OWNER PLOEG, RODNEY L			OR: if the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses Document 303135008	APPLICATION
	NAME OF SECOND OWNER				MOBILE HOME FEES
	ADDRESS OF OWNER 1558 SAMISH HEIGHTS ROAD				ELIMINATION
	CITY STATE ZIP CODE BOW WA 98232				USE TAX
LIE NHOLDER	NAME OF FIRST LEGAL OWNER INTERWEST SAVINGS BANK			More than two owners or one lienholder? Please use attachment form(s) #TD-420-732	SUB-AGENT FEES
	MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1649				TOTAL FEES & TAX
	CITY STATE ZIP CODE OAK HARBOR WA 98277				\$
	SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY X <i>Only Hall / Mr. Specialist</i>				

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 DLIR NO 4278	DATE OF SALE 8-5-96	PURCHASE PRICE \$38835.00
DEALER NAME COACH CORRAL	TAX JURISDICTION/TAX RATE 7.8	
DEALER'S AUTHORIZED SIGNATURE X <i>Chad S. Anderson, office manager</i>		

X *Robert N. Hoodiman*
NOTARY OR LICENSE AGENT & NUMBER
X ROBERTA N. HOODIMAN
SUBSCRIBED TO AND SWORN BEFORE ME THIS
DAY OF AUGUST 1996
MY COMMISSION EXPIRES: 9/15/98

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

Residing in (County) SKAGIT
BURLINGTON

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.

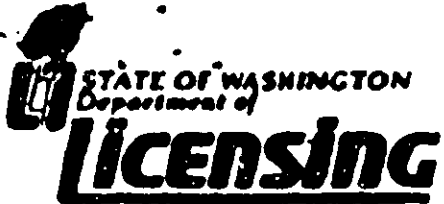
NAME DEPT. OF LICENSING	SIGNATURE <i>Peggy D. Riedel</i>	OFFICE VFS OPERATOR NUMBER 29-0-04	DATE 8/12/96
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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

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 350312-1d-003-0007
1558 SAMISH HEIGHTS RD., BOW, WA 98232

Legal Description:

THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 12, TOWNSHIP 35
NORTH, RANGE 3 EAST, OF THE WILLAMETTE MERIDIAN;

EXCEPT THE SOUTH 20 ACRES THEREOF;

AND ALSO EXCEPT THE EAST 30 FEET THEREOF CONVEYED TO SKAGIT COUNTY FOR
ROAD PURPOSES BY DEED RECORDED FEBRUARY 15, 1916 UNDER AUDITOR'S FILE
NO. 111850, RECORDS OF SKAGIT COUNTY, WASHINGTON;
SITUATE IN SKAGIT COUNTY, WASHINGTON.

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BK157/PGU032

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