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Department of	MANUF	ACTU	JRED H	OME	THE COADS		(ATHY =		FILED AT THE REQUEST OF:
<u> IICENSING</u>	A	PLIC	ATION	1.6	9	SKAG <sup>!</sup>	NAME OF THE PARTY	-	Land Title Compa
Please check one		78621-I	E.	W <sub>2</sub>				.	· .
<u> </u>	960926	3006	1	1/2/					ADDRESS P.O. Box 1225
TRANSFER IN LOCATION	-	3 1	•	9		<b>'9</b> 6	SEP 26	410 A	Mount Vernon, WA
REMOVAL FROM REAL F				eiow)					
					<u> </u>				98273
MANUFACTURED HOME TPO/PLATE NUMBER YEAR	MAKE	Wir	DTH/LENGTH		<del></del>	RF	UMBER E MEN	PECATIO	N NUMBER (VIN)
96	SKYLINE		48/2	28			2T-91-		
2 LAND				\ \	<del></del>		1		
Attach a copy of the legal d	escription of y	our land	I. It can be	obtained f	rom vou	ır Coun	tv	(2000	
Assessor's office or it may I	be typed or pr	inted on	an Addition	al Attachn	nent Foi	rm (TD-	420-732).	1	RTY TAX PARCEL NUMBER
Manufactured home will be	X	AFFIX	CED C	REMOVE	ED p	105048	3	401	9-000-004-0003
3 TITLE COMPANY CERTIF	CATION				<del></del>		· · · · · · · · · · · · · · · · · · ·		
I certify that the legal descr	iption of the la	nd and o	ownership is	s true and	correct	per the	real prope	ty rec	ords.
NAME	TITLE COMP			sic	NATURE	·			DATE
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Finalize this application	with a Licens	ing Ager	nt within 10	calendar	days of t	the date	Title Com	pany F	Representative signs.
4 BUILDING PERMIT OFFICE							·	<del></del>	
I certify that the manufactur	ed home has	been aff	ixed to the	real prope	rty as d	escribe	d, or a build	ding	BLDG PERMIT
permit has been issued for	this purpose a	and the a	attachment	will be insp	pected u	pon co	mpletion.	•	056-96
NAME	SIGNATURE	TLE O		Clay		1 .	MIT OFFICE/PHO	_	DATE
	DL 5077011 XXX SUTTY 08250 326-3983								6-14-96
5 OWNER INFORMATION					<del></del>			·	FEES
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R. My J. Ja	l				משם	NASM4	2480	en e	APPLICATION
Susan M. Hernand	iez			•	HEA	WASH4	24KB ) / //	And the second s	MOBILE HOME FEES
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ADDRESS OF OWNER					1	<del></del>	<del></del>	Name and American	ELIMINATION
608 Shiloh Ln.				,	1		vner is a busi		
D CITY V V		STATE	ZIP CODE				fied Business found on the		USE TAX
Sedro-Woolley		WA	98284		1		tration & Lice		, <u>(488)                                   </u>
NAME OF FIRST LEGAL OWNER*						ment.		SUB-AGENT FEES	
Chase Manhattan					2210	092200	<u> </u>		Search and the search
name of first legal owners  Chase Manhattan  Mailing ADDRESS OF FIRST LEG  1400 F. Newbort	,		ing Dept	•			wners or one		TOTAL FEES & TAX
1400 E. Newport	Center Dr.	STATE	ZIP CODE	<del></del>		er? Plea TD-42#	ise use attach 0-732	ment	
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"SIGNATURE OF LEGAL OWNER IS	and the second s	<u> </u>		REMOVAL	┥				
FROM REAL PROPERTY X							es except a		rect. The vehicle is clear
Anyone who knowingly makes a false s	tatement of a materi	al fact is gui	ity of a felony, ar	nd WA DLR NO	<del></del>		DATE OF SALE		PURCHASE PRICE
uoon conviction may be punished by a					78		5-25	-96	\$48,000. 1-
(RCW 46.12.210). I DO SOLEMNLY A THAT I/WE ARE THE REGISTERED OV	and the second s	5 4)		DEALER N	QME		_		TAX JURISDICTION/TAX RATE
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NOTARY OR LICENSE AGENT & NUMBER	· · · · · · · · · · · · · · · · · · ·	9119	SCRIBED TO AND	SWORNESC	<del></del>		siding in (County)	arized st	atement of delivery)
x Candace m 1	2.0	134	DAY OF J			6	Skagit		
6 COUNTY AUDITOR/AGE	NTUCENSING	OFFICE AL				] *-		Tav	lor Exp. 1/1/9
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proceed with the recording		/			······································		appined it i	as sul	noish documentation to
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0-420-729 MANUF HOME APPL (R/2/94)M F	Page 1 of 2	711	MAN		<del></del>			WI	11 1000 18

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## MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT LEGAL DESCRIPTION OF LAND

This form is to be used when there is not sufficient room on TD-420-729, TD-420-730, or TD-420-731 to provide the legal description of the land. This form must be recorded with the Manufactured Home Form, and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Lot 4, "ELK RUN ESTATES, FORMERLY KNOWN AS THE PLAT OF MAX SUTTON'S ESTATES", as per plat recorded in Volume 15 of Plats, pages 127 and 128, and in Volume 15 of Plats, page 173, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Recording Office of County In Which Real Property Is Located I certify that this form has been recorded in the county records.

NAME

SIGNATURE

COUNTY

DATE

RECORDING NUMBER