



MANUFACTURED HOME APPLICATION

9610080028

639

RECORDER'S CLOCK KATHY MIL SKAR '96 OCT -8 A9:48 cy RECORDED FILED	FILED AT THE REQUEST OF: NAME ADDRESS
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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)

1ST AM 48974

1 MANUFACTURED HOME			
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1996	Skyline	
REQUEST OF <u>First American</u>			VEHICLE IDENTIFICATION NUMBER (VIN) 2T-91-1013-IBA

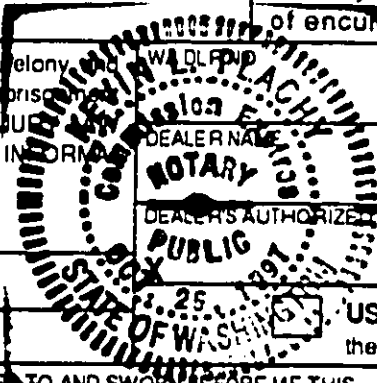
2 LAND	
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER	

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 # 9608
NAME Randy Simmons	SIGNATURE/TITLE X R. Simmons BUILDING INSPECTOR	BLDG PERMIT OFFICE/PHONE # 853-8401	DATE

5 OWNER INFORMATION			
COUNTY #	INC	UNINC	REGISTERED OWNERS
	<input type="checkbox"/>	<input type="checkbox"/>	2
LEGAL OWNERS		Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	
1			
NAME OF FIRST OWNER James M. Lowe		LOWE JMS24LN	
NAME OF SECOND OWNER Patricia J. Sullivan		SULLIPJ600 DR	
ADDRESS OF OWNER 515 Reitze Street		--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	
CITY Concrete	STATE WA	ZIP CODE 98237	ELIMINATION
NAME OF FIRST LEGAL OWNER* Norwest Mortgage		More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	
MAILING ADDRESS OF FIRST LEGAL OWNER 1509A Riverside Drive		TOTAL FEES & TAX \$	
CITY Mount Vernon	STATE WA	ZIP CODE 98273	DEALER'S REPORT OF SALE
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY. X <u>Abol now</u>		I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	

Anyone who knowingly makes a false statement of a material fact is guilty of a felony 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 WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):		DATE OF SALE	PURCHASE PRICE
X James M. Lowe			\$
X Patricia J. Sullivan			TAX JURISDICTION/TAX RATE
NOTARY OR LICENSE AGENT & NUMBER X <u>KEVIN L PLACHY</u>		DEALER'S AUTHORIZED SIGNATURE	USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)
SUBSCRIBED TO AND SWORN BEFORE ME THIS 27th DAY OF Oct 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 <u>[Signature]</u>	OFFICE/VFS OPERATOR NUMBER 2901-01	DATE 10-07-96

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BK 1592 PG 0373



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 4064-000-015-0305

Legal Description:

The West 200 feet of the South 200 feet of Lot 15, SUNRISE ADDITION according to the plat thereof recorded in Volume 4 of Plats, page 44, records of Skagit County, Washington.

BK 1592 PG 0374