			6		- P. T. Santa	
540 Miller I	Rd., Anacor	, WA 9822	¥	· · ·		T-7221
Manufactured Home:) 	9	!		
Year 1990	96110 Make	60021 Skyline	Width	28	Length_	64
Vehicle Identification N			910500Z AB	/U U	Leijgii-	
	TP	0:2004160	71.03002 ND	Pole	#84	R
Registered Owners:	~			r Cin	lak:	IL P.OA.
Names Robert S. &	Cindy A. Kir	ndler\	Signatures		I. O. ok	. 01
Legal Owners:			. V.		My De	2.
Names American Res				1	m of	Du-
SIGNATURES OF OWNERS IND NDICATE INTENT TO PERFECT BEING AFFINED	NCATE TERMINATION INTEREST IN THE MA	I OF INTEREST IN THE ANUFACTURED HOME	MANUFACTURES AS REAL PROPE	HOME THROUGHTY WITH THE	SH TITLE PROVIDED B LAND HE/SHE/THEY O	Y_CHAPTER 46.12 RCW IWN AND TO WHICH IT
and to Which Manufa	actured Home is	s Being Affixed:				
Property Tax Parcel Nu				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 2 cot -	la R.
,	FTTACHED			Jan Jan	lya. Kind	2 70A
				10,	3000	1. 1/1
Owners' Names <u>Robe</u> signatures of owners inc		-		Ures ²		FD ABOVE
Building Permit Office	Certification:					
certify that the manuf		as haan affiyad :	to the real or	onarty as de	saribad abasa a	ad for building on
number 20905	_ has been issu	ed for the purpo	se of affixing	g the manuf	actured home to	the land and wil
	etion.					
nspected upon comple		· (V+ /	+ 1	. 4		
Spected upon complete of John Charles		- Skagit Co	ermit OFFICE	emit	11-17-93 DATE	336-95 PHONE NU
		- Skagit Co BLDG. P	centy P.	emit	11-17-93 DATE	
Jody ann Cl	SIGNATURE				DATE	
County Auditor/Agent	Licensing Office application app	e Approval: (No	ot for use by	subagents)	DATE	PHONE NU
County Auditor/Agent	Licensing Office application app	e Approval: (No	ot for use by	subagents)	DATE	PHONE NU
County Auditor/Agent certify that the above locumentations	Licensing Office application a	e Approval: (No	en complete form.	subagents)	and that the ap	prione nu
County Auditor/Agent	Licensing Office application app	e Approval: (No	en complete form.	subagents)	and that the ap	PHONE NU
County Auditor/Agent certify that the above locumentations	Licensing Office application a	e Approval: (No	en complete form.	subagents)	and that the ap	prione nu
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County Auditor/Agent certify that the above locumentation general	SIGNATURE Licensing Office application ap	e Approval: (Note that the country of the country o	en complete form.	subagents) d correctly,	and that the ap	prione nu

BK 160 1 PG 0 156

TD-420 730 MFG HOME TITLE ELIM IN 1 901 Page 2 of 2



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.

Check	type of application:	Title Elimination Removal From Real Property Transfer In Location
Land:	Property Tax Parcel	Number 340208-2-001-0229
	Legal Description:	

All that portion of the Northeast 1/4 of the Northwest 1/4 of Section 8, Township 34 North, Range 2 East, W.M., lying Southerly of the Miller Road and Northwesterly of Secondary State Highway No. 1-D, also known as State Highway No. SR 525.

Situate in the County of Skagit, State of Washington.



1

Recording Office	of County I	n Which Real	Property	Is Located
I certify that this	form has be	en recorded	in the col	unty records

NAME

SIGNATURE

COUNTY

DATE

RECORDING NUMBER