

AFTER RECORDING MAIL TO:

9702190081

SKA

Name 1st American Title

'97 FEB 19 9:329

Address PO BOX 1667

City/State Port Vernon, WA 98273

REQUEST OF _____

Document Title(s): (or transactions contained therein)

1. mobile home transfer/elimination
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. SECOR, Eugene A
2. SECOR, Linda T.
3. Interwest Savings Bank
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

- 1.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

L2 SP 25-88 Skagit Co. app-June 22, 1988
rerecorded June 29, 1988 PTN
- NE 1/4 NE 1/4 S35 T36N R3E

☐ Complete legal description is on page 2 of document

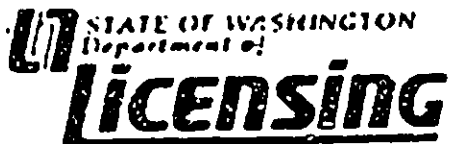
Assessor's Property Tax Parcel / Account Number(s):

360335-1-002-0208 P48689

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

9702190081

BK 1630 PG 0523



MANUFACTURED HOME APPLICATION

TITLE OPTIONS

☒ Original
☐ Transfer
☐ Duplicate
☐ Reissue

☒ 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)

RECORDER'S CLOCK

RECORDED AT
REQUEST OF:

MANUFACTURED HOME

YEAR 1997	MAKE GRNHILL	WIDTH/LENGTH 56 X 40	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLT48A23618-GH13	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
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LAND

- Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
- Land to which the manufactured home is being: ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER
360335-1-002-0208

TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE X	DATE
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NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

BUILDING PERMIT OFFICE CERTIFICATION

I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.

BLDG PERMIT #
96-1350

NAME Sheryl Walker	SIGNATURE/TITLE Plans Examiner	BLDG PERMIT OFFICE/PHONE NUMBER 336-9410	DATE 1/18/96
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OWNER INFORMATION

COUNTY # SKAGIT	INC <input type="checkbox"/>	UNINC <input type="checkbox"/>	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	FILING FEE
NAME OF FIRST REGISTERED OWNER EUGENE A. SECOR						APPLICATION
NAME OF SECOND REGISTERED OWNER LINDA T. SECOR						MOBILE HOME FEES
ADDRESS OF FIRST REGISTERED OWNER 512 Ershig Road						ELIMINATION
CITY Bow, WA						USE TAX
STATE WA						SUB-AGENT FEES
ZIP CODE 98232						TOTAL FEES & TAX
NAME OF FIRST LEGAL OWNER INTEREST SAVINGS BANK						\$
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 1227						
CITY Pn. version						
STATE WA						
ZIP CODE 98273						
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X						

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:

X Eugene A. Secor	11-23-96
X Linda T. Secor	11-22-96
X	

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME HARRIS SMITH Home Center	PURCHASE PRICE \$ 62,313.00
DATE OF SALE 1/27/97	TAX JURISDICTION/TAX RATE 3105 7.9
USE TAX EXEMPT Sole to Indian on the Reservation (attach notarized statement of delivery)	

NOTARY OR LICENSE AGENT & NUMBER X Kim Smith	Subscribed and Sworn to Before Me This 25 Day of November 1996
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COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (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 CRYSTAL R. FERRIS	SIGNATURE X Crystal R. Ferris	OFFICE/MS OPERATOR NUMBER 29-01-10	DATE 2-19-97
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RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER 9702190081	COUNTY	VOLUME/PAGE BK 1630:66524	DATE
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Order No. : 50055

SCHEDULE "C"

The land referred to herein is situated in the County of Skagit, State of Washington, and is described as follows:

Lot 2, Skagit County Short Plat No. 25-88, approved June 22, 1988, and recorded June 29, 1988, in Volume 8 of Short Plats, page 48, under Auditor's File No. 8806290015, records of Skagit County, Washington; being a portion of the Northeast 1/4 of the Northeast 1/4, Section 35, Township 36 North, Range 3 East W.M.. ✓

S702190081

BK1630PG0525