

COVER SHEET

KATHY HILL
SKAGIT COUNTY CLERK

RETURN TO:
ISLAND TITLE COMPANY
P.O. BOX 1228
ANACORTES, WA 98221

97 MAR 21 A8 32

RECORDED _____ FILED _____
REQUEST OF _____

9703210001

DOCUMENT TITLE(S) (or transactions contained herein):
MOBILE HOME TITLE ELIMINATION

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

ISLAND TITLE COMPANY
SA-15996

| | ADDITIONAL REFERENCE NUMBERS ON PAGE _____
OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. Munson, Jerald H.
2. Munson, Pamela S.
- 3.
- 4.

| | ADDITIONAL NAMES ON PAGE _____ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

- 1.
- 2.
- 3.
- 4.

| | ADDITIONAL NAMES ON PAGE _____ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: L.e., lot, block, plat or quarter, quarter, section, township and range):
Lt. 51, & N1/2 Lt. 52, SKYLINE NO. 6,
Vol. 9 of Plats, pages 64-67

XX ADDITIONAL LEGAL(S) ON PAGE 2 OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P59444, P99232

| | TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE _____ OF DOCUMENT.

9703210001

BK 164 | PG 269



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

FILED AT THE REQUEST OF:

NAME

ISLAND TITLE CO.

ADDRESS

P.O. Box 1228
Anacortes, WA 98221

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)

SA-15596

1 MANUFACTURED HOME

TPO-PLATE NUMBER	YEAR	MAKE	WIDTH LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	96	Fuqua	38'6"x 78'8"	15108

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

P59444, P99232

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 #

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	DATE
	X Robert Osborne, Bldg Insp.		3-12-97

5 OWNER INFORMATION

COUNTY <input type="checkbox"/> INC <input type="checkbox"/> UNINC <input type="checkbox"/>	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FEES
				FILING FEE

NAME OF FIRST OWNER	MUNSON H 576 KO	APPLICATION
Jerald H. Munson		

NAME OF SECOND OWNER	MUNSON S 578 JC	MOBILE HOME FEES
Pamela S. Munson		

ADDRESS OF OWNER	OR if the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses Document	ELIMINATION
2710 Dundee Pl.		

CITY	STATE	ZIP CODE	USE TAX
Anacortes	WA	98221	

NAME OF FIRST LEGAL OWNER	More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	SUB-AGENT FEES
Same		

MAILING ADDRESS OF FIRST LEGAL OWNER	TOTAL FEES & TAX
	\$

CITY	STATE	ZIP CODE	DEALER'S REPORT OF SALE
			I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY ☒

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):

X Jerald H. Munson
X Pamela S. Munson

WA DLR NO	DATE OF SALE	PURCHASE PRICE
4C.82	1-8-97	\$113,000.00

DEALER NAME	TAX JURISDICTION/TAX RATE
Affordable Homes of Lynden Inc.	7.8%

DEALER'S AUTHORIZED SIGNATURE	
X Dorothy A. Beckner	

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

NOTARY OR LICENSE AGENT NUMBER	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X Susan Sullivan	17 DAY OF OCTOBER 1996	SFagit

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	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
DEPT. OF LICENSING	X August	2901-02	3-20-97

LEGAL DESCRIPTION

Lot 51 and the North half of Lot 52, SKYLINE NO. 6, according to the plat thereof recorded in Volume 9 of Plats, pages 64 through 67, records of Skagit County, Washington.