

13/10

SW 1/4

RETURN ADDRESS:

9804020084

98 APR -2 AM 1:32

COMMONWEALTH LAND TITLE INS. CO.

11400 S.E. 6th Street, Suite #210

Bellevue, Washington 98004

Escrow #72487

COVER SHEET COURTESY OF:

FIRST AMERICAN TITLE CO

COMMONWEALTH LAND TITLE INSURANCE COMPANY

49745

CLTIC NO.: H

DOCUMENT TITLE: MANUFACTURED HOME APPLICATION

GRANTOR: STATE OF WASHINGTON

Additional names are on page of document.

GRANTEE: DALES, Thomas E.

Additional names are on page of document.

REFERENCE NO.:

LEGAL DESCRIPTION: Lot 2, GLENWOOD ACRES PLAT

Additional legal is on page of document.

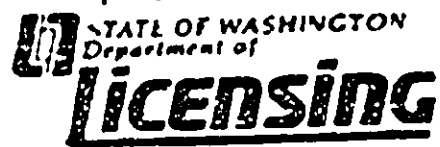
TAX ACCOUNT NO(S): 3919-000-002-0002

Additional Parcel Nos. are on page of document.

9804020084

BK1792PG0082

Lot 2, "GLENWOOD ACRES PLAT, SKAGIT COUNTY, WASHINGTON", as per
plat recorded in Volume 7 of Plats, page 95, records of Skagit
County, Washington.



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	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)

1 MANUFACTURED HOME		VEHICLE IDENTIFICATION NUMBER (VIN)	
TPO/PLATE NUMBER	YEAR 1978 1977	MAKE GLENDALE SUNNYSIDE	WIDTH/LENGTH 24 X 56

2 LAND	PROPERTY TAX PARCEL NUMBER 3919-000-002-0002
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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

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 X

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.	
NAME JUANNE OSTLAND	SIGNATURE/TITLE X Juanne Ostland, Public Licensee

5 OWNER INFORMATION		BLOG PERMIT # 961669	
COUNTY INC UNINC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	REGISTERED OWNERS	LEGAL OWNERS	DATE 12-23-96

NAME OF FIRST OWNER THOMAS E. DALES		FILING FEE	
NAME OF SECOND OWNER		APPLICATION	

ADDRESS OF OWNER 949 Glenwood Acres		MOBILE HOME FEES	
CITY Sedro Wooley	STATE WA	ZIP CODE 98284	ELIMINATION

NAME OF FIRST LEGAL OWNER EAGLE MORTGAGE, INC.		USE TAX	
MAILING ADDRESS OF FIRST LEGAL OWNER 11000 N.E. 33rd Place, Suite #300		SUB-AGENT FEES	

CITY Bellevue		TOTAL FEES & TAX \$	
STATE WA		DEALER'S REPORT OF SALE	

ZIP CODE 98004		DATE OF SALE	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY X		PURCHASE PRICE \$	

TAX JURISDICTION/TAX RATE		NOTARY PUBLIC 9-11-98	
ANYONE WHO KNOWINGLY MAKES A FALSE STATEMENT OF A MATERIAL FACT IS GUILTY OF A FELONY, 2ND DEGREE (RCW 46.12.210) I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE		OWNER SIGNATURE & TITLE X Thomas E. Dales	

NOTARY OR LICENSE AGENT & NUMBER Karen Ashley		SUBSCRIBED TO AND SWORN BEFORE ME THIS 18th DAY OF December 1996	
COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)		Residing in (County) Skagit	

6 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.		OFFICE/VPS OPERATOR NUMBER 29-01-10	
NAME CRYSTAL R. BURRESS		DATE 4-2-98	