## RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION	
P.O. BOX 5847	
LYNNWOOD, WA. 98046	199908050133 Kathy Hill, Skagit County Auditor
ESC. 990476	8/5/1999 Page 1 of 3 3:51:03PM
	Kathy Hill, Skagit County Auditor

PLEASE CHECK ONE	AMERICAN TITLE CO. 58759 OM REAL PROPERTY				
BATTLE LEMMAN CO.					
1 MANUFACTURED HOME  TPO/PLATE NUMBER PAR MAKE LENGTH-WIDTH/FEET) VEHICLE IDENTIFICATION NO. 1907 SKYLT 66 X 28 679108385/					
2 LAND ADDITIONAL LEGAL DESCRIPTION ON PAGE	TITLE FEES				
MANUFACTURED HOME WILL BE AFFIXED REMOVED PROPERTY TAX PARCEL NUM 350413-3-002-0	BER 200				
	VNSHIP/RANGE APPLICATION				
A legal description can be obtained from the local County Assessor's Office. If there is not enough ro	MOBILE HOME FEE				
use the Application Attachment form, TD-420-732, available at your local County Auditor's Office, TRACT 4, of Short Plat No. SW-08-97, approved January 26,	1999,				
and recorded January 29, 1999, in Volume 14 of Short Plat	-S,   OSE :^^				
nace 2 under Auditor's File No. 9901290194, records of s	DRAGIL CUB ACENITEEE				
County, Washington, being a portion of the Southwest 1/4 West 1/2 of the Northwest 1/4 of the Southeast 1/4 of Sec 13, Township 35 North, Range 4 East, W.M.	ction TOTAL FEES & TAX				
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY # INCORPORATED UNINCORPORATED # REGISTERED OWNERS # LEGAL OWN	VERS				
NAME OF FIRST REGISTERED OWNER LINDA N. MILBOURN	L CUSTOMER ACCOUNT NUMBER				
ADDRESS OF FIRST REGISTERED OWNER CITY	STATE ZIP CODE WA. 98284				
	L CUSTOMER ACCOUNT NUMBER				
	WAT: 358046				
1.0. 2017	WA: 50040				
	OL CUSTOMER ACCOUNT NUMBER				
tact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)  SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:  X	DOWNER AND TITLE, IF APPLICABLE				
NOTARY SEAL OR STAMP  NOTARIZATION / CERTIFICATION FOR REGISTERED  State of Washington CANONICH Signed or att	C 2				
PUBLIC OF Title NOTARY AND: County	No. OR 1-11-02 Expiration Date				
Chia					
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of control of the sales named with the sales named with the sales named and the sales named are sales named as a sales named and the sales named are sales named as a sales named are sales named as a sales named as a sales named are sales named as a sales na	DATE OF SALE				
DEALER MANUE					
PURCHASE PRICE TAX JURISDICTION/TAX RATE DEALER'S AUTHORIZED SIGNATURE					
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notariz  4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents 1 certify that the above application appears to have been completed correctly, and the applicant has proceed with the recording of this form.	s)				
MANE (TYPED OF PRINTED)	OUNTY OFFICE/VFS OPERATOR NUMBER				
SIGNATURE ()	DATE				
Lusty Lording	1 0 1 3 1 7 7				

TD-420-729 MANUF HOME ARPL (R/12/96)OR Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

5 TITLE COMPANY CERTIFICATION	
I certify that the legal description of the land and ownership is true and correct per the real proper	ty records.
NAME TITLE COMPANY/PHONE NUMBER	i <b>R</b>
	DATE
SIGNATURE POSITION	
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Co	mpany Representative signs.
TO THE PART OF THE PROPERTY OF THE PARTY OF	
I certify that the manufactured home has been affixed to the real property as described, OR a but but processing the attachment will be inspected upon completion	
NAME ARDAIL M. CGM65.  BLDG PERMIT OFFICE/PHONE #	360-053 0777
SIGNATURE POSMON MICH BUILDING DIFICITE	DATE 6-3-59

## INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW, DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. Manufactured Home Title Elimination Application (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property.
- B. Manufactured Home Transfer in Location Application (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once properly completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.

- Note: Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.
- SECTION 1 Enter the description of the manufactured home.
- SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.
- SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title. Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)
- SECTION 4 Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may not complete the approval portion of this form.
- SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal From Real Property" application. Important: The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.
- SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land; or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.
- IMPORTANT:

  Once the application has been approved by the County Auditor/Licensing Agent Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees.

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

199908050133 Kethy Hill Skagit County Audi

## **OWNERSHIP**

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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 APPLICATIO	N:	у	
PROPERTY TAX PARCEL NUM	350413-3-002-0	)200	,
FADDITIONAL GRANTOR(S) B	EGISTERED/LEGAL OWNER(S)		
NAME OF REGISTERED OWNER MICHELLE R. DAY		,	DOL CUSTOMER ACCOUNT NUMBER DAY**MR321JG
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		A	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	The state of the s		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		2	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWN	ER INDICATES CONSENT FOR EL	MINATION OF TITLE:	
SIGNATURE OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER		The second secon	DOL CUSTOMER ACCOUNT NUMBER
by a fine, imprisonment, or bo	DER PENALTY OF PURJURY LAW		
SIGNATURE OF REGISTERED OWNER		A proportion of the second	DATE
SIGNATURE OF REGISTERED OWNER			DATE
SIGNATURE OF REGISTERED OWNER		·	DATE
SIGNATURE OF REGISTERED OWNER			DATE
SIGNATURE OF REGISTERED OWNER			DATE
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFIC	CATION FOR REGISTERED	OWNER(S) SIGNATURE
	State of Washington County of	Signed or a before	attested
	County of	• •	
 	by Printed Name of Applica		
	TitleDEALERSHIP Position/Agent	AND: Cour	er No. OR hty/Office No. OR my Expiration Date
		• .	

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