RETURN ADDRESS

ISLAND TITLE COMPANY

199908270091 Kathy Hill, Skagit County Auditor

8/27/1999 Page 1 of 3 3:25:07PM

P. O. BOX 1228 ANACORTES, WA 98221

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

SA-18829

| IVANUFACTURED HOWE AE-6498 APPLICATION PLEASE CHECK ONE IN TITLE ELIMINATION TRANSFER IN LOCATION REMOVAL FROM REMOVAL | ЗЈ |
|--|---------------------------------|
| MANUFACTURED HOME | |
| TPO/PLATE NUMBER YEAR MAKE LENGTH-WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN & 086607 1997 Palm 40 X 65 PH201397ABC |) |
| 2 LAND ADDITIONAL LEGAL DESCRIPTION ON PAGE | TITLE FEES |
| MANUFACTURED HOME WILL BE AFFIXED REMOVED 340204-4-018-0006 | FILING FEE |
| LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RAN | APPLICATION IGE MOBILE HOME FEE |
| A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office. The South one-half of the South one-half of the Southwest one- | ELIMINATION FEE |
| fourth of the Southeast one-fourth of Section 4, Township 34 | USE TAX |
| North, Range 2 East of the Willamette Meridian; | SUB-AGENT FEES |

| North, Range 2 E | ast of the Willamette Merid | lian; | SUB-AGENT FEES |
|---|--|--|--|
| | | | TOTAL FEES & TAX |
| Situated in Skag | it County, Washington. | | |
| | de la companya de la | | |
| 3 GRANTOR(S) REGISTE | RED/LEGAL OWNER(S) ADDITIONAL | L NAMES ON PAGE | |
| COUNTY # INCORPO | | OWNERS # LEGAL OWNERS | |
| NAME OF FIRST REGISTERED OW | 1ED | DOL CUSTOMER | ACCOUNT NUMBER |
| Stephen M. Zur | cher | ZUrc#SM | ACCOUNT NUMBER |
| ADDRESS OF FIRST REGISTERED | OWNER CITY | 7. | ZIP CODE |
| 12999 Thompso NAME OF FIRST LEGAL OWNER | n Road Anacortes | | 3221 ACCOUNT NUMBER |
| Same as Registe | red Owner | DOLCOSTOMEN | ACCOUNT NUMBER |
| ADDRESS OF FIRST LEGAL OWNER | GITY GITY | STATE | ZIP CODE |
| | | <u> </u> | |
| GRANTEE(S) | ADDITIONA | L NAMES ON PAGE | |
| NAME OF FIRST GRANTEE | | DOL CUSTOMER | ACCOUNT NUMBER |
| | | OLEMNLY ATTEST UNDER PENA | |
| fact is guilty of a felon | y, and upon conviction may be LAW T | HAT I / WE ARE THE REGISTERS | |
| - | | PHICLE AND THIS INFORMATION | N IS ACCURATE: |
| | VNER INDICATES CONSENT FOR EMOVAL FROM REAL PROPERTY: X | took M. R. l. | |
| ELIMINATION OF TITLE / R | SIGNAT | TURE OF FIRST REGISTERED OWNER AND | TITLE IF APPLICABLE |
| X | X | TORSE OF THE THE SECOND PARTY AND | 77722,17 73.1 2.07.022 |
| SIGNATURE OF FIRST LEGAL OWN | ER AND TITLE, IF APPLICABLE SIGNAT | TURE OF SECOND REGISTERED OWNER A | ND TITLE, IF APPLICABLE |
| NOTARY SEAL OR STAMP | NOTARIZATION / CERTIFICATION | ON FOR REGISTERED OWNER(S) | SIGNATURE |
| | State of Washington Skagit | Signed or attested | 2/-990 |
| 1 43 4 64 | County of | before me on | 79 71/ |
| | TEAN A CDANDALL | | Character de de de |
| | by JEAN A. CRANDALL | Signatural | morale |
| 1 2 3 3 3 3 | Printed Name of Applicant | Dealer No. OR | 7175107 |
| | Title Notary | AND: County/Office No. OR | 7/15/01 |
| | DEALERSHIP Position/Agent/NOTAR | | • |
| | | | |
| | | New york | |
| DEALER'S REPORT OF SA | LE I certify that this information is correct. | | The second secon |
| DEALER NAME | | WA DEALER NUMBER DAT | E OF SALE |
| PURCHASE PRICE T | AX JURISDICTION/TAX RATE DEALER'S AUTHORIZED |) SIGNATURE | |
| USE TAX EXEMP | T Sale to a Certified Tribal member on the res | ervation (attach notarized statemer | nt of delivery). |
| COUNTY AUDITOR/AG | NT LICENSING OFFICE APPROVAL: (Not | for use by Sub-Agents) | |
| certify that the above applic | ation appears to have been completed correctl | y, and the applicant has sufficient do | ocumentation to |
| J | une joitti. | COUNTY SEEICE | WES OPERATOR NUMBER |
| NAME (TYPED OR PRINTED) | V - 6 | | ベバスン |

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INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

| 5 TITLE COMPANY CERTIFICATION | | |
|--|--|---------------------------------|
| I certify that the legal description of the land an | d ownership is true and correct per the real property re | ecords. |
| NAME | TITLE COMPANY/PHONE NUMBER | |
| SIGNATURE / POSITION | | DATE |
| Finalize this application with a Licensing A | Agent within 10 calendar days of the date Title Comp | any Representative signs. |
| 6 BUILDING PERMIT OFFICE CERTIFICAT | | |
| I certify that the manufactured home has been purpose and the attachment will be inspected u | affixed to the real property as described, OR a building upon completion | permit has been issued for this |
| NAME Robin Temoest. | BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER | 336-9410 |
| SIGNATURE / POSITION JOHN STATES | um Serv. Tech. | 7-23-99 |

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 INTENT TO PERFECT 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 and the services in the services of the services in the services of the s

Kathy Hill, Skagit County Auditor 8/27/1999 Page 2 of 3 3:25:07PM

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.

Removal From Real Property

| PROPERTY TAX PARCEL NUI | | |
|---|--|---|
| | MBER: 340204-4-018-0006 | |
| ADDITIONAL GRANTOR(S) F | REGISTERED/LEGAL OWNER(S) | |
| NAME OF REGISTERED OWNER SUSAN M. ZURCHER NAME OF REGISTERED OWNER | | DOLCUSTOMER ACCOUNT NUMBER 2U1CHSM38845 |
| NAME OF REGISTERED OWNER | | DOL CUSTOMER ACCOUNT NUMBER |
| NAME OF REGISTERED OWNER | | DOL CUSTOMER ACCOUNT NUMBER |
| NAME OF REGISTERED OWNER | | DOL CUSTOMER ACCOUNT NUMBER |
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| NAME OF LEGAL OWNER | | DOL CUSTOMER ACCOUNT NUMBER |
| SIGNATURE OF LEGAL OWN | ER INDICATES CONSENT FOR ELIMIN | ATION OF TITLE: |
| SIGNATURE OF LEGAL OWNER | | DOL CUSTOMER ACCOUNT NUMBER |
| SIGNATURE OF LEGAL OWNER | | DOL CUSTOMER ACCOUNT NUMBER |
| I DO SOLEMNLY ATTEST UND | th. (RCW 46.12.210) | pulity of a felony, and upon conviction may be punished |
| VERICLE AND THIS INFORMA | DER PENALTY OF PURJURY LAW THA TION IS ACCURATE: | T I/WE ARE THE REGISTERED OWNERS OF THIS |
| SIGNATURE OF REGISTERED OWNER | DER PENALTY OF PURJURY LAW THA ATION IS ACCURATE: | 19/15/6/99 |
| SIGNATURE OF REGISTERED OWNER SIGNATURE OF REGISTERED OWNER | ATION IS ACCURATE: | TIWE ARE THE REGISTERED OWNERS OF THIS |
| SIGNATURE OF REGISTERED OWNER SIGNATURE OF REGISTERED OWNER SIGNATURE OF REGISTERED OWNER | ATION IS ACCURATE: | 19/15/6/99 |
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| SIGNATURE OF REGISTERED OWNER | ATION IS ACCURATE: | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

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.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 2 of 2

CHECK TYPE OF APPLICATION: Title Elimination

