



199910280053

Kathy Hill, Skagit County Auditor
10/28/1999 Page 1 of 3 11:30:56AM

RETURN ADDRESS

FIRST AMERICAN TITLE COMPANY
PO Box 1667
Mt. Vernon, WA 98273
01-59870

		MANUFACTURED HOME APPLICATION		FIRST AMERICAN TITLE CO. 59870 E	
PLEASE CHECK ONE					
<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY					
1 MANUFACTURED HOME					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
81584	1986	FLTWD	28 X 56	RFLBSZAG134803738	
2 LAND ADDITIONAL LEGAL DESCRIPTION ON PAGE _____					TITLE FEES
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					FILING FEE
PROPERTY TAX PARCEL NUMBER 4384-000-034-0008					APPLICATION
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
34		EASTWIND			
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. Tr 34, PLAT OF EASTWIND, as per plat rec. in Vol. 12 Pgs 31-32, rec. of Skagit Co., WA: EXC mineral rights as res. by the St of WA by Deed dated 5-8-1908 an rec. 5-20-1908 under AFN 67757, in Vol. 74 of Deeds, pg. 221, rec. of Skagit County, WA.					
ELIMINATION FEE					
USE TAX					
SUB-AGENT FEES					
TOTAL FEES & TAX					
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY #	INCORPORATED	UNINCORPORATED	# REGISTERED OWNERS	# LEGAL OWNERS	
			XX 4	1	
NAME OF FIRST REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
TIM L. GRAVES			GRAVETL431JK		
ADDRESS OF FIRST REGISTERED OWNER			CITY	STATE	ZIP CODE
3213 Eastwind Street, Mount Vernon, WA 98273					
NAME OF FIRST LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
Ft Mortgage Companies DBA Keystone Mtg.			601075028		
ADDRESS OF FIRST LEGAL OWNER			CITY	STATE	ZIP CODE
1700 Westlake Ave N. #300 Seattle			WA		98109
GRANTEE(S) ADDITIONAL NAMES ON PAGE _____					
NAME OF FIRST GRANTEE			DOL CUSTOMER ACCOUNT NUMBER		
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, imprisonment, or both. (RCW 46.12.210)			I DO SOLEMNLY ATTEST UNDER PENALTY OF PURJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:		
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:			SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE		
X Kathy Johnston			X Tim L. Graves		
SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE			SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE		
X Kathy Johnston			X Marlene R. Graves		
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		County of	Skagit	Signed or attested before me on	9-24-99
by		Kim M. Smith	Signature <i>Kim M. Smith</i>		
Title		Closer	Dealer No. OR AND: County/Office No. OR Notary Expiration Date		
			12/15/2001		
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.					
DEALER NAME		WA DEALER NUMBER	DATE OF SALE		
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)					
4 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 (TYPED OR PRINTED)				COUNTY OFFICE/VFS OPERATOR NUMBER	
Kathy Lowrey				2901-08	
SIGNATURE				DATE	
<i>Kathy Lowrey</i>				10/28/99	

5 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 / POSITION	DATE
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.	
6 BUILDING PERMIT OFFICE CERTIFICATION PREVIOUS NO. 4842	
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	BLDG PERMIT OFFICE/PHONE #
SIGNATURE / POSITION	DATE

*Mobile Home appears to be A 28X56 Fleetwood model
see Previous Transfer and Assumption Statement
INSTRUCTIONS
Mudbrook 9-15-99*

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, please call (360) 902-3600 or TDD (360) 664-8885.

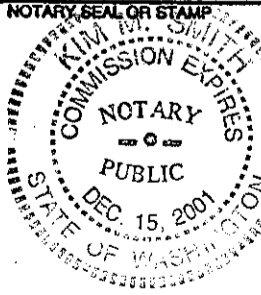


OWNERSHIP

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 APPLICATION: Title Elimination
 Removal From Real Property
 Transfer In Location

PROPERTY TAX PARCEL NUMBER: 4384-000-034-0008

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER MARLENE R. GRAVES	DOL CUSTOMER ACCOUNT NUMBER GRAVEMR36PK3
NAME OF REGISTERED OWNER MARVIN D. GRAVES	DOL CUSTOMER ACCOUNT NUMBER GRAVEMD692MUGRAVESV6712N
NAME OF REGISTERED OWNER SARABELLE V. GRAVES	DOL CUSTOMER ACCOUNT NUMBER GRAVESV10712N
NAME OF REGISTERED 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
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NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:	
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
<p>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, imprisonment, or both. (RCW 46.12.210)</p> <p>I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:</p>	
SIGNATURE OF REGISTERED OWNER <i>Marvin D. Graves</i>	DATE 9/24/99
SIGNATURE OF REGISTERED OWNER <i>Sarabelle V. Graves</i>	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
<p>NOTARY SEAL OR STAMP</p> 	<p style="text-align: center;">NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</p> <p>State of Washington County of <u>Skagit</u></p> <p>Signed or attested before me on <u>9-24-99</u></p> <p>by <u>Kim M. Smith</u> Printed Name of Applicant</p> <p>Title <u>Clerk</u> DEALERSHIP Position/Agent/NOTARY</p> <p>Signature <u>Kim M. Smith</u></p> <p>Dealer No. OR AND: County/Office No. OR Notary Expiration Date <u>12/15/2001</u></p>

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Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. 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 application: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number _____

Legal Description: