

RETURN ADDRESS

Mr. & Mrs. Jason Schmidt

P.O. Box 102

Concrete, WA 98237



199912140069

Kathy Hill, Skagit County Auditor
12/14/1999 Page 1 of 2 12:12:47PM

P-91293-E

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
&154562	2000	SKY	28 X 66	21910250M	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 350701-3-003-0309 P115847	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
3		Short Plat No. 41-87		1-35-7 E W.M.	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		1		1	
NAME OF REGISTERED OWNER Jason L. Schmidt					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
P.O. Box 102		Concrete		WA	98237
NAME OF LEGAL OWNER Interwest Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
P.O. Box 1649		Oak Harbor		WA	98277
GRANTEE					
NAME					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE		<i>Jason T. Schmidt</i>			
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit Signed or attested before me on 11-24-99 by Jason T. Schmidt PRINT NAME OF REGISTERED OWNER Signature <i>Nancy Lea Cleave</i> NOTARY OF AGENT by PRINT NAME OF REGISTERED OWNER Nancy Lea Cleave PRINTED NAME OF NOTARY Title Notary County/Office No. OR AND: Dealer No. OR9-1-02 DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date			
4 TITLE COMPANY CERTIFICATION					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED)		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.					
5 BUILDING PERMIT OFFICE CERTIFICATION					
I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the building permit has been approved upon completion.					
NAME (TYPED OR PRINTED)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
TANNEE BOSMAN		SKAGIT COUNTY PERMIT CENTER 336-9410		99-0843	
SIGNATURE / POSITION		DATE			
<i>Tannee Bosman</i>		Support Services		12/02/99	

6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Joan Green, Joan Successor</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
LORRAINE M. BOUZA STATE OF WASHINGTON NOTARY - - - - PUBLIC MY COMMISSION EXPIRES 4-22-01		State of Washington County of <u>Island</u>		Signed or attested before me on <u>11-19-99</u>	
		by <u>JOAN GREEN</u> <small>PRINT NAME OF LEGAL OWNER</small>		Signature <u>Lorraine M Bouza</u> <small>NOTARY OR AGENT</small>	
		by _____ <small>PRINT NAME OF LEGAL OWNER</small>		<u>LORRAINE M. BOUZA</u> <small>PRINTED NAME OF NOTARY</small>	
		Title <u>NOTARY</u> <small>DEALERSHIP POSITION/AGENT/NOTARY</small>		AND: County/Office No. OR _____ Dealer No. OR <u>04-22-01</u> Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 3, Short Plat No. 41-87, approved November 25, 1987, recorded December 1, 1987, in Book 7 of Short Plats, page 200, under Auditor's File No. 8712010015 and being a portion of the Southwest 1/4 of the Southwest 1/4 of Section 1, Township 35 North, Range 7 East, W.M., TOGETHER WITH a non-exclusive easement for road and utilities, over and across the East 60 feet of Lot 2 as shown on said short plat. Situate in the County of Skagit, State of Washington.					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)			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).					
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)					
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) <u>Kirsty Lowrey</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-08</u>		
SIGNATURE <u>Kirsty Lowrey</u>			DATE <u>12/14/99</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.</p> </div> <p>For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.</p>					

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation



199912140069