

RETURN ADDRESS

Mr. and Mrs. Terry Taylor

821 Jennings Avenue

Sedro-Woolley, WA 98284



Kathy Hill, Skagit County Auditor  
3/1/2000 Page 1 of 2 12:14:49PM

P-91636-E

	<b>MANUFACTURED HOME APPLICATION</b>	<b>PLEASE CHECK ONE</b> <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)
	2000	Pacifica	40 X 60	H018491ABC

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4152-109-007-0000/P76256

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
5, 6 & 7	109	Town of Sedro	

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER: Terry F. Taylor

NAME OF ADDITIONAL REGISTERED OWNER: Karla R. Taylor

ADDRESS	CITY	STATE	ZIP CODE
821 Jennings Avenue	Sedro-Woolley	WA	98284

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: *Terry F. Taylor*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Karla R. Taylor*

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	Signed or attested before me on <u>1-7-00</u>
	State of Washington County of <u>Skagit</u>	Signature: <i>Jennifer J. Lind</i> NOTARY OF AGENT
	by <u>Terry F. Taylor</u> PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY: <u>Jennifer J. Lind</u>
	by <u>Karla R. Taylor</u> PRINT NAME OF REGISTERED OWNER	County/Office No. OR <u>10/01/02</u> Dealer No. OR Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY AND: 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

**5 BUILDING PERMIT OFFICE CERTIFICATION**

I certify that:  the manufactured home has been affixed to the real property as described.  
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
Arnell McCombs	360-855-0771	6072

SIGNATURE / POSITION	DATE
<i>Arnell McCombs</i> BUILDING OFFICIAL	2-18-00

**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 Joan Green Joan Cappideter

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP  <b>LORRAINE M. BOUZA</b> STATE OF WASHINGTON NOTARY ---- PUBLIC MY COMMISSION EXPIRES 4-22-01	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>ISLAND</u>	Signed or attested before me on <u>01-11-2000</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> <small>Notary Expiration Date</small>	

**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lots 5, 6 and 7, Block 109, "PLAT OF THE TOWN OF SEDRO, SKAGIT COUNTY, W.T.", as per plat recorded in Volume 1 of Plats, page 18, records of Skagit County, Washington.

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) <u>Heritage Home Center</u>	WA DEALER NUMBER <u>4423</u>	DATE OF SALE <u>1-17-00</u>
PURCHASE PRICE <u>73,000</u>	TAX JURISDICTION/TAX RATE <u>3105 83</u>	DEALER'S AUTHORIZED SIGNATURE <u>Karen Chesnel</u>
<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>2901-08</u>
SIGNATURE <u>Kirsty Lowrey</u>	DATE <u>3/1/00</u>

**10 TITLE FEES**

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

**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.

**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.

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.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call 1-800-541-5000.



Kathy Hill, Skagit County Auditor