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Kathy Hill, Skagit County Auditor
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RETURN ADDRESS

SHASTA FINANCIAL SERVICES

169 HARTNELL AVENUE 2ND FLOOR

REDDING CA 96002

Loan No. 1441287

ISLAND TITLE CO. SB-15956

		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)	
+94972	1987	MARLE	60 X 28	COD1920A/B	
2 LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				3869-012-019-0016	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
19	L	CAPE HORN ON THE SKAGIT, DIV 2			
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. HARRISON					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
42149 CEDAR STREET		SEDRO WOOLLEY	WA	98284	
NAME OF LEGAL OWNER					
SHASTA FINANCIAL SERVICES					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
169 HARTNELL AVENUE 2ND FLOOR		REDDING	CA	96002	
GRANTEE					
NAME					
SHASTA FINANCIAL SERVICES					
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 <u>Jason L. Harrison</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>April 18</u> , 2000	
		by <u>Jason L. Harrison</u>		Signature <u>Marcia J. Jennings</u>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by		<u>Marcia J. Jennings</u>	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title <u>Notary Public</u>		AND: County/Office No. OR <u>10/5/2000</u>	
		DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR	
				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 checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input type="checkbox"/> 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 #	
<u>Robin Tempest</u>		<u>SKAGIT COUNTY PERMIT CENTER 336-9410</u>		<u>17764</u>	
SIGNATURE / POSITION				DATE	
<u>Robin Tempest / Support Services Technician</u>				<u>5-10-00</u>	

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 Shasta Pincin David V. Robertson
PRESIDENT

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of ~~Washington~~ California
County of ShastaSigned or attested
before me on April 28, 2000BRIAN STEVENS
Comm. No. 1103031
NOTARY PUBLIC - CALIFORNIA
SHASTA COUNTY
MY COMMISSION EXPIRES
JUNE 23, 2000by David V. Robertson Signature [Signature]
PRINT NAME OF LEGAL OWNER PRESIDENT NOTARY OR AGENTby Brian Stevens
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARYTitle _____
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 19, Block L, CAPE HORN ON THE SKAGIT, DIVISION NO. 2, according to the
plat thereof recorded in Volume 9 of Plats, pages 14 through 19, records
of Skagit County, Washington.

Situated in Skagit County, Washington.

8 DEALER'S REPORT OF SALEI 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

☐ **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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

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 accom

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