RETURN ADDRESS Kathy Hill, Skagit County Auditor 6/1/2000 Page 1 of 2 11:44:36AM Island Title Company PO Box 670 Burlington WA 98233 MANUFACTURED HOME TITLE ELIMINATION PLEASE CHECK ONE STATE OF WASHINGTON Department of **APPLICATION** ☐TRANSFER IN LOCATION ☐ 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) **MANUFACTURED HOME VEHICLE IDENTIFICATION NUMBER (VIN)** LENGTH/WIDTH(FEET) TPO / PLATE NUMBER YEAR MAKE 1998 56 **X** 28 Liberty 09L32672XU **LEGAL DESCRIPTION ON PAGE** LAND REAL PROPERTY TAX PARCEL NUMBER AFFIXED REMOVED MANUFACTURED HOME WILL BE P109740 PLAT NAME BLOCK SECTION/TOWNSHIP/RANGE LOT **ADDITIONAL NAMES ON PAGE** 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) **COUNTY NUMBER** NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS 1 NAME OF REGISTERED OWNER DOUGLAS W. CORBELL NAME OF ADDITIONAL REGISTERED OWNER IDA L. CORBELL ADDRESS CITY STATE ZIP CODE 1590 ALGER CAIN LAKE ROAD BURLINGTON WA 98233 NAME OF LEGAL OWNER WESTERN SUNRISE AKA CROSSLAND MORTGAGE NAME OF ADDITIONAL LEGAL OWNER ZIP CODE STATE **ADDRESS** CITY KIRKLAND 98033 WA SUITE 400 550 KIRKLAND WAY GRANTEE NAME WESTERN SUNRISE AKA CROSSLAND MORTGAGE I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT/1/WE AM/ARE/THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington Signed or attested Skagit May 3, 2000 County of before me on Douglas W. Corbell and Ida L. Corbell Signature PRINT NAME OF REGISTERED OWNER MOTARY OR AGENT as above Linda Pierson PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Dividing Expiration Date Notary Public AND: DEALERSHIP POSITION/AGENT/NOTARY TITLE COURANY CERTIFICATION I certify that the legal description of the land and ownership is true and correct per the real property records. TITLE COMPANY / PHONE NUMBER NAME (TYPED OR PRINTED) DATE SIGNATURE / POSITION Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION ☐ the manufactured home has been affixed to the real property as described. I certify that: 🖾 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

BLDG PERMIT OFFICE/PHONE #

BLDG PERMIT #

DATE

NAME (TYPED OR PRINTED) 336-9410

JAMMEE SIGNATURE / POSITION

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				
Kathy Farrell, Asst secretary				
Signature of Additional Legal Owner and Title, IF APPLICABLE				
NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State of Washington		Signed or atteste	d -/a-/a a
TETH GUDA	County of	King	before me o	n 3/8/00
SON ESTONE	Western	unrise AKA	a Will	19/11
JUL S NOTARY	PRINT NAME OF LE		Signature	AGENT (
0 10	Crossland	remain the second of the secon	T Flizab	Als land Jorge
PUBLIC	PRINT NAME OF LEG		PRINTED NAME OF NOTA	RY
1 6 7 2 000	V: 0 = 1			office No. OR
The state of the s	DEALERSHIP POSIT	ION/AGENT/NOTARY		ealer No. OR /2/29/07 piration Date
7 LAND DESCRIPTION	(A legal description of th	e land can be obtained f	rom the local County As	sessor's Office
Lot A of SKAGIT COUNTY SHORT PLAT NO. 41-82, approved June 27, 1988,				
Lot A of SKAG	IT COUNTY SHORT	PLAT NO. 41-82	, approved June	27, 1988, ma
recorded June 29, 1988, in Volume 8 of Short Plats, Page 49, under Auditor's				
File No. 8806290016, records of Skagit County, Washington, as amended by Lot				
Line Adjustment recorded August 11, 1999, under Auditor's File No.				
199908110070, records of Skagit County, Washington; being a portion of the				
Northeast Quarter of the Southeast Quarter of Section 7, Township 36 North, Range 4 East of the Willamette Meridian, and a portion of the Northwest				
Quarter of the S	outhwest Overton	meridian, and a	portion of the	Northwest
Quarter of the Southwest Quarter of Section 8, Township 36 North, Range 4 East of the Willamette Meridian. Situated in Skagit County, Washington,				
of the Willamette Meridian. Situated in Skagit County, Washington. 8 DEALER'S REPORT OF SALE				
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN.				
	S TAX HAS BEEN COLLE			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
DEALER NAME (TYPED OR PRIN	• 1		WA DEALER NUMBER	DATE OF SALE
Birch Lyn			4117	10-03-99
\wedge \wedge	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGI	100 A	
64,000.00 7.8% () Luciel 1000/				
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/VES OPERA	TOR NUMBER
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SIGNATURE				DATE
husti Consein al 100				
10 TITLE FEES	<u>}</u>			
FILING FEE APPLI	ICATION MOBILE HO	OME FEE ELIMINATION I	FEE USE TAX	SUBAGENT FEES
	V/	<u> </u>		TOTAL FEES & TAX
	and the second s			
IMPORTANT: C	Once the application ha	s been approved by th	e County Auditor / Vel	nicle
Licensing Office, take your application form to the County Recording Office.				
	Retain proof of the reco	•	•	
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 subag	ents 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.				
J. 116.10101 111			phoadon ii	

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommoda?