

RETURN ADDRESS

ISLAND TITLE COMPANY

P. O. BOX 1228

Anacortes, WA 98221



200007120109

Kathy Hill, Skagit County Auditor

7/12/2000 Page 1 of 2 3:41:40PM

SA19779

AE7137

**STATE OF WASHINGTON Department of LICENSING** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**  
 TITLE ELIMINATION  
 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)

**1 MANUFACTURED HOME Title #8871421513**

TPS / PLATE NUMBER <b>873699</b>	YEAR <b>1988</b>	MAKE <b>MARLETTE</b>	LENGTH/WIDTH(FEET) <b>66 X 28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>COF 2877</b>
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**2 LAND LEGAL DESCRIPTION ON PAGE \_\_\_\_\_**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER **4461-000-009-0005**

LOT <b>9</b>	BLOCK	PLAT NAME <b>VISTA TOO DIVISION NO. 1</b>	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE \_\_\_\_\_**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS <b>1</b>	NUMBER OF LEGAL OWNERS <b>1</b>
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NAME OF REGISTERED OWNER  
**FRANCES V. EASTMAN** DOL #EASTMFV8030E

NAME OF ADDITIONAL REGISTERED OWNER  
**EARL E. EASTMAN**

ADDRESS CITY STATE ZIP CODE  
**212 South B.C. Avenue, Apt. 209 Lynden WA 98264**

NAME OF LEGAL OWNER  
**FRANCES V. EASTMAN** DOL #EASTMFV8030E

NAME OF ADDITIONAL LEGAL OWNER  
**EARL E. EASTMAN**

ADDRESS CITY STATE ZIP CODE  
**212 South B.C. Avenue, Apt. 209 Lynden WA 98264**

**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 *Frances V. Eastman*  
**Frances V. Eastman**

Signature of Additional Registered Owner and Title, IF APPLICABLE *Frances V. Eastman*  
**Frances V. Eastman as Guardian for Earl E. Eastman, an incapacitated person**

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  
State of Washington County of *Skagit* Signed or attested before me on *7/14/00*

**OFFICIAL SEAL**  
**JEAN A. CRANDALL**  
Notary Public - State of Washington  
My Commission Expires 7-15-01  
Signature *Jean A. Crandall*  
NOTARY OR AGENT  
**Jean A. Crandall**  
PRINTED NAME OF REGISTERED OWNER  
**Frances V. Eastman**  
by **for Earl E. Eastman**  
PRINTED NAME OF REGISTERED OWNER  
Title *Notary*  
DEALERSHIP POSITION/AGENT/NOTARY  
AND: County/Office No. OR *7/15/01*  
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 Permit #6471**

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 #  
**George Tenborg 6471**

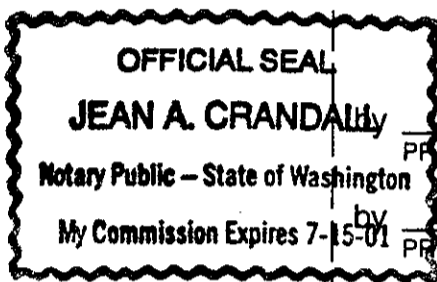
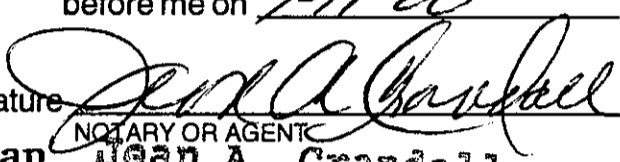
SIGNATURE / POSITION DATE  
*George Tenborg (Building Inspector)* **7-7-00**

**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 Frances V. Eastman  
 Frances V. Eastman

Signature of Additional Legal Owner and Title, IF APPLICABLE Frances V. Eastman  
 Frances V. Eastman as Guardian for Earl E. Eastman, an incapacitated person

NOTARY SEAL OR STAMP  	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>7-11-00</u>
	PRINT NAME OF LEGAL OWNER <u>Frances V. Eastman</u>	Signature 	NOTARY OR AGENT <u>Jean A. Crandall</u>
PRINT NAME OF LEGAL OWNER <u>Frances V. Eastman as Guardian for Earl E. Eastman</u>	PRINTED NAME OF NOTARY <u>Jean A. Crandall</u>	County/Office No. OR Dealer No. OR Notary Expiration Date	AND: <u>7/15/01</u>
Title <u>Notary</u>	DEALERSHIP POSITION/AGENT/NOTARY		

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

Lot 9, VISTA TOO DIVISION NO. 1, according to the plat thereof, recorded in Volume 13 of Plats, pages 80 and 81, records of Skagit County, Washington;  
 Situated in Skagit County, Washington.

**8 DEALER'S REPORT OF SALE**

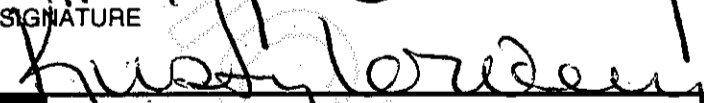
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

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) <u>Kirsty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE 	DATE <u>7/12/00</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 accommodations, call (360) 892-3600 or TDD (360) 664-8885.



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Kathy Hill, Skagit County Auditor