



200007190062

Kathy Hill, Skagit County Auditor  
7/19/2000 Page 1 of 2 3:27:59PM

RETURN ADDRESS

Carlos F. Noboa

10788 Littlefield Road

Rockport, WA 98283

P 85283-E

**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**

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1998	KINGSWOOD	48 X42	GDSTOR-3098-20278

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

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED  
REAL PROPERTY TAX PARCEL NUMBER: 350927-3-006-2607 P44818

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
6		Short Plat 2-75	27-35-9

**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  
**Carlos F. Noboa**

NAME OF ADDITIONAL REGISTERED OWNER  
**Deborah J. Noboa**

ADDRESS: **10788 Littlefield Road** CITY: **Rockport** STATE: **WA** ZIP CODE: **98283**

NAME OF LEGAL OWNER  
**Washington Mutual Bank**

NAME OF ADDITIONAL LEGAL OWNER

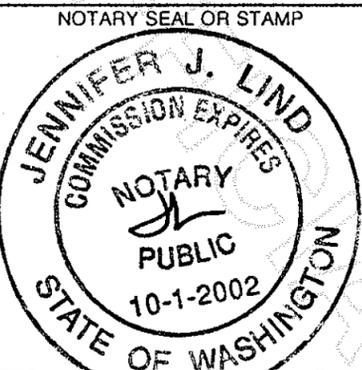
ADDRESS: **1336 Cornwall Avenue** CITY: **Bellingham,** STATE: **WA** ZIP CODE: **98226**

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

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of **Skagit**

Signed or attested before me on **2/8/00**

by **Carlos F. Noboa** Signature \_\_\_\_\_  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by **Deborah J. Noboa** Signature \_\_\_\_\_  
PRINT NAME OF REGISTERED OWNER

Title **Notary** AND: \_\_\_\_\_  
DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR \_\_\_\_\_  
Dealer No. OR **10/01/02**  
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:  the manufactured home has been affixed to the real property as described. **98-0710**  
 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 #  
**Robin Tempest SKAGIT COUNTY PERMIT CENTER 336-9410 98-0710**

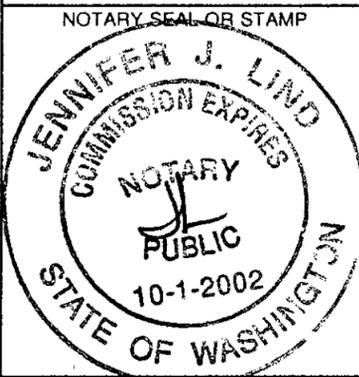
SIGNATURE / POSITION DATE  
**Robin Tempest / Supp. Serv. Tech. 2-16-00**

**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 *[Signature]*

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



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington  
County of **Skagit**

Signed or attested  
before me on **2-10-00**

by **Barbara Stilwell**  
PRINT NAME OF LEGAL OWNER

Signature *[Signature]*  
NOTARY OR AGENT

by \_\_\_\_\_  
PRINT NAME OF LEGAL OWNER

**Jennifer J. Lind**  
PRINTED NAME OF NOTARY

Title **Notary**  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR  
Dealer No. OR **10/01/02**  
Notary Expiration Date

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

Tract 6 of Skagit County Short Plat No. 2-75, approved March 28, 1975, recorded March 31, 1975, in Volume 1 of Short Plats, Pages 28 & 29, under Auditor's File No. 815269, records of Skagit County, Washington; being a portion of the Northwest 1/4 of the Southwest 1/4 of Section 27, Township 35 North, Range 9 East, W.M.

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) **Affordable Homes** WA DEALER NUMBER **28264** DATE OF SALE **7-9-98**

PURCHASE PRICE **77,586.71** TAX JURISDICTION/TAX RATE **7.8** DEALER'S AUTHORIZED SIGNATURE *[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) **Peggy A. Riedell** COUNTY OFFICE/VFS OPERATOR NUMBER **29-01-04**

SIGNATURE *[Signature]* DATE **7/19/00**

**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, please call (360) 902-2600 or TDD (360) 664-2887.



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