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Kathy Hill, Skagit County Auditor

7/21/2000 Page 1 of 2 12:09:12PM

RETURN ADDRESS

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ISLAND TITLE CO. SB-16236 ✓

**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)
	1996	SKYLI	44 X28	2T910683IAB

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

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
4747-000-001-0000

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
1		Willard Estates	

**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  
William Conard

NAME OF ADDITIONAL REGISTERED OWNER  
Ruby Conard

ADDRESS CITY STATE ZIP CODE  
P.O. Box 2001 Concrete WA 98237

NAME OF LEGAL OWNER  
Skagit State Bank

NAME OF ADDITIONAL LEGAL OWNER

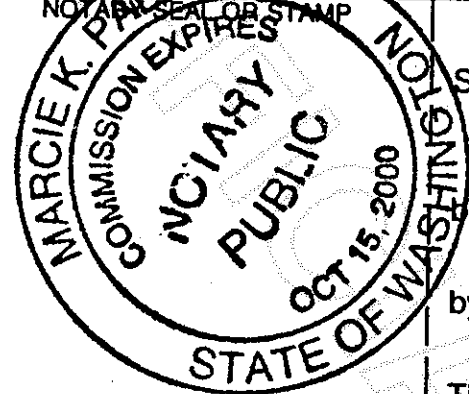
ADDRESS CITY STATE ZIP CODE  
P.O. Box 432 Sedro Woolley WA 98284

**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 *William Conard*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Ruby Conard*



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

State of Washington County of Skagit Signed or attested before me on 06/07/00

by William Conard Signature Marcie K. Paleck  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Ruby Conard  
PRINT NAME OF REGISTERED OWNER

Title Notary AND: County/Office No. OR Dealer No. OR 10/15/00  
DEALERSHIP POSITION/AGENT/NOTARY 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

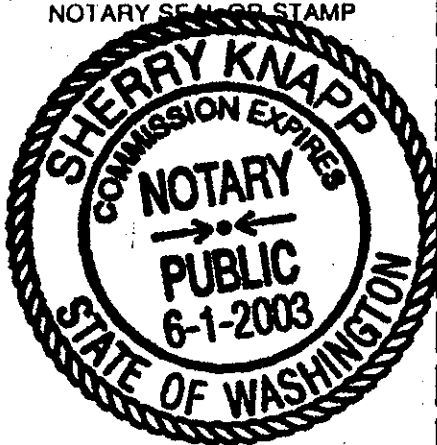
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

**5 BUILDING PERMIT OFFICE CERTIFICATION**

I certify that: ☒ the manufactured home has been affixed to the real property as described.  
☒ 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 336-9410 BP00-0063

SIGNATURE / POSITION DATE  
Robin Tempest / Support Services Technician 7-19-00

<b>6 SIGNATURE OF LEGAL OWNER</b>						
<b>SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.</b>						
Signature of Legal Owner and Title, IF APPLICABLE <u>SKAGIT STATE BANK</u> <u>Pam Miller, Loan Officer</u>						
Signature of Additional Legal Owner and Title, IF APPLICABLE _____						
		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>				
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>6-8-00</u>		
		by <u>Skagit State Bank</u> Pam Miller PRINT NAME OF LEGAL OWNER		Signature <u>Sherry Knapp</u> NOTARY OR AGENT		
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Sherry Knapp</u>		
		Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>6-103</u> Notary Expiration Date		
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>						
Lot 1, WILLARD ESTATES, according to the plat thereof recorded December 23, 1999, under Auditor's File No. 199912230062, records of Skagit County, Washington.  Situated in Skagit County, Washington.						
<b>8 DEALER'S REPORT OF SALE</b>						
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		
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).						
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>						
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>Hursty Lowery</u>				COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>		
SIGNATURE <u>Hursty Lowery</u>				DATE <u>7/21/00</u>		
<b>10 TITLE FEES</b>						
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES	
						TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.						
<b>APPLICANTS:</b> 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  
If you need special accommodations

