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Kathy Hill, Skagit County Auditor  
8/30/2000 Page 1 of 2 3:56:18PM

RETURN ADDRESS

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\_\_\_\_\_

ISLAND TITLE CO. B10490V

**STATE OF WASHINGTON**  
**Department of Licensing**  
**MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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)
	1969	LAMPL	64 X 12	10260

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

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 350532-1-003-0217

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
Tract 2		Short Plat No. 2-78	P40481 32/35/5

**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  
PEARSON, SUSAN L.

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
<u>P.O. Box 123</u>	<u>Clear Lake</u>	<u>WA</u>	<u>98235-0123</u>

NAME OF LEGAL OWNER  
INTERWEST BANK

NAME OF ADDITIONAL LEGAL OWNER	ADDRESS	CITY	STATE	ZIP CODE
	<u>P.O. Box 1649</u>	<u>Oak Harbor</u>	<u>WA</u>	<u>98277</u>

**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 Susan Pearson

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>07/24/00</u>
<u>Susan L. Pearson</u> PRINT NAME OF REGISTERED OWNER	Signature <u>Marcie K Paleck</u> NOTARY OR AGENT
<u>Notary</u> Title	<u>MARCIE K. PALECK</u> PRINTED NAME OF NOTARY
DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. <u>OR10/15/00</u> 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

**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 #
<u>TAWNEE BOSMAN</u>	<u>SKAGIT COUNTY PERMIT CENTER 336-9410</u>	<u>1AA1</u>

SIGNATURE / POSITION	DATE
<u>Dawnell Bosman Support Services</u>	<u>08/29/00</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 *[Signature]* *Service President*

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP  LORRAINE M. BOUZA STATE OF WASHINGTON NOTARY --- PUBLIC MY COMMISSION EXPIRES 4-22-01	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>ISLAND</u>	Signed or attested before me on <u>08-16-00</u>
	by <u>STEVE DOTY</u> <small>PRINT NAME OF LEGAL OWNER</small>	Signature <i>[Signature]</i> <small>NOTARY OR AGENT</small>
	by <u>LORRAINE M BOUZA</u> <small>PRINT NAME OF LEGAL OWNER</small>	<u>LORRAINE M BOUZA</u> <small>PRINTED NAME OF NOTARY</small>
Title <u>NOTARY</u> <small>DEALERSHIP POSITION/AGENT/NOTARY</small>	AND:	County/Office No. OR <u>04-22-01</u> 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)**

Tract 2 of SKAGIT COUNTY SHORT PLAT NO. 2-78, approved January 30, 1978, and recorded January 31, 1978, in Volume 2 of Short Plats, Page 188, under Auditor's File No. 873021 records of Skagit County, Washington, being a portion of the Southwest Quarter of the Northeast Quarter of Section 32 of Section 32, Township 35 North, Range 5 East 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. 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).		

**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) <i>Husty Lowery</i>	COUNTY OFFICE/VES OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Husty Lowery</i>	DATE <i>8/30/00</i>

**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. If you need special accommodation, please

