

RETURN ADDRESS

Mr. and Mrs. Phillip R. Ferguson

PMB 188

934 S. Burlington Blvd.

Burlington, WA 98233

BE-4280 ISLAND TITLE



200009250125

, Skagit County Auditor

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**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)
	2000	GOLDW	48 X 27	GWOR23N24129

2 LAND

LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER

340314-0-012-0007

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			14/34N/R3E

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	None

NAME OF REGISTERED OWNER

FERGUSON, PHILLIP R.

NAME OF ADDITIONAL REGISTERED OWNER

FERGUSON, PATRICIA J.

ADDRESS

CITY

STATE

ZIP CODE

16861 Donnelly Road

Mount Vernon

WA

98273

NAME OF LEGAL OWNER

None

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

CITY

STATE

ZIP CODE

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

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATUREState of Washington
County of SkagitSigned or attested
before me on 99/21/00

by Phillip R. Ferguson

Signature Marcie K. Paleck

PRINT NAME OF REGISTERED OWNER

NOTARY OR AGENT

by Patricia J. Ferguson

Marcie K. Paleck

PRINT NAME OF REGISTERED OWNER

PRINTED NAME OF NOTARY

Title Notary

AND: County/Office No. 00/15/00

DEALERSHIP POSITION/AGENT/NOTARY

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

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)

SKAGIT COUNTY PERMIT CENTER 336-9410

BLDG PERMIT #

99-1646

SIGNATURE / POSITION

DATE

9-22-00

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 of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington _____	Signed or attested _____
	County of _____	before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY _____
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR 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)

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) PEGGY A. RIEDELL	COUNTY OFFICE/VFS OPERATOR NUMBER 29-01-04
SIGNATURE <i>Peggy A. Riedell</i>	DATE 9/25/00

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) 902-3600 or TDD (360) 684-0005.



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