



200010050042  
Skagit County Auditor

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RETURN ADDRESS

Mr. James Porter

1314 Heather Lane

Sedro-Woolley, WA 98284

P-93152-E

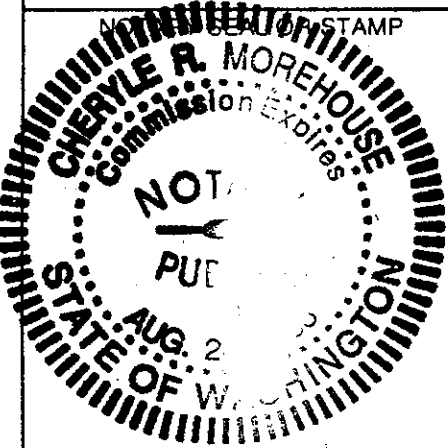
STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement 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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	Golden West	52 X 27	GWOR23 N24569 AB	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 350426-1-005-0200/P112966	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
2		Short Plat No. SW 03-96	26-35-4		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER James L. Porter					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
1314 Heather Lane		Sedro-Woolley	WA	98284	
NAME OF LEGAL OWNER Oakwood Acceptance Corporation					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
7800 McCloud Road		Greensboro	NC	27409-9634	
<b>GRANTEE</b>					
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 <i>James L. Porter</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on May 5, 2000	
		by James L. Porter		Signature <i>Nancy Lea Cleave</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by		Nancy Lea Cleave	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
Title Notary		AND: County/Office No. OR Dealer No. OR 9-1-02		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> 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 #	
ARDILL McCombs		360-855-0771		6232	
SIGNATURE / POSITION		DATE			
<i>ARDILL McCombs</i> BUILDING OFFICIAL		10/4/00			

**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



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

State of Washington  
County of Clark

Signed or attested  
before me on May 10, 2000

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

Signature Cheryl R. Morehouse  
NOTARY OR AGENT

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

Cheryl R. Morehouse  
PRINTED NAME OF NOTARY

Title Notary  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR  
Dealer No. OR 8-24-03  
Notary Expiration Date

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

Lot 2, Short Plat No. SW 03-96, approved March 9, 1998, recorded March 23, 1998 in Volume 13, of Short Plats, pages 107 and 108, under Auditor's File No. 9803230071, and being a portion of the Northeast 1/4 of the Northeast 1/4 of Section 26, Township 35 North, Range 4 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) \_\_\_\_\_ 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) Karrie Willis COUNTY OFFICE/AGENT OPERATOR NUMBER 2901-21

SIGNATURE Karrie Willis DATE 10-5-00

**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  
If you need special accommodat



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