

RETURN ADDRESS



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Skagit County Auditor

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200010270059

Skagit County Auditor

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ISLAND TITLE CO. B16220 ✓



## 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 2001 2000	MAKE Green Briar	LENGTH/WIDTH (FEET) 42 X 52'	VEHICLE IDENTIFICATION NUMBER (VIN) 2191-0197-N
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### 2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
350402-4-010-0400

LOT 3	BLOCK	PLAT NAME 96-0064 Skagit County Short Plat	SECTION/TOWNSHIP/RANGE 2/35N/R4E
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### 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER

Richard G. Nichols

NAME OF ADDITIONAL REGISTERED OWNER

Susan M. Nichols

ADDRESS

6913 Faye Place

CITY

Sedro Woolley

STATE

WA

ZIP CODE

98284

NAME OF LEGAL OWNER

Washington Mutual

NAME OF ADDITIONAL LEGAL OWNER

1201 Third Ave.

Seattle

WA

98101

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:

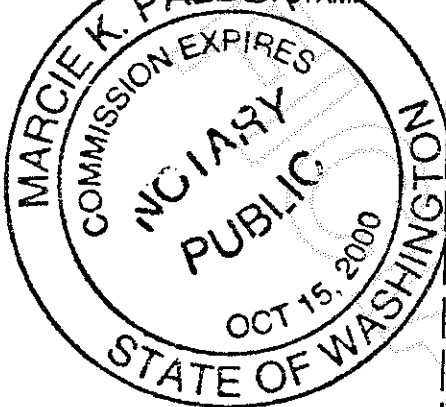
Signature of Registered Owner and Title, IF APPLICABLE

*Richard G. Nichols*

Signature of Additional Registered Owner and Title, IF APPLICABLE

*Susan M. Nichols*

NOTARY SEAL OR STAMP



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

State of Washington  
County of SKAGIT

Signed or attested  
before me on June 13, 2000

by RICHARD G. NICHOLS  
PRINT NAME OF REGISTERED OWNER

Signature *Marcie K. Paleck*  
NOTARY OR AGENT

by SUSAN M. NICHOLS  
PRINT NAME OF REGISTERED OWNER

MARCIE K. PALECK

PRINTED NAME OF NOTARY

Title NOTARY  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR  
Dealer No. OR OCT 15, 2000  
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. 336-9410  
☒ 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 #

TAWNEE BOSSMAN

SKAGIT COUNTY PERMIT CENTER

800-0562

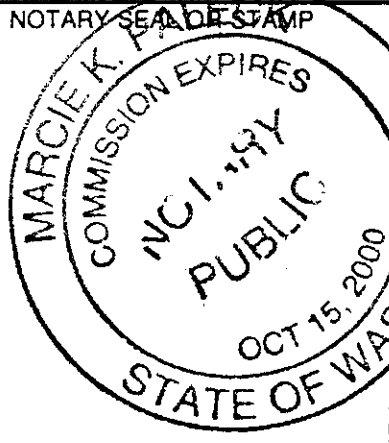
SIGNATURE / POSITION

*Tawnee Bosman* Support Services

DATE

10/24/00

\*\*\* This document is being rerecorded to correct the year of the mobile home to 2001.

<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <i>Elizabeth O'Neill UP</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <i>Washington Mutual Bank</i>					
		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
State of Washington		County of <i>SKAGIT</i>		Signed or attested before me on <i>Sept. 7 2000</i>	
PRINT NAME OF LEGAL OWNER <i>ELIZABETH O'NEILL</i>		Signature <i>Marcie K Paleck</i>		NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <i>MARCIE K PALECK</i>		County/Office No. OR Dealer No. OR <i>10/15/2000</i>	
Title <i>NOTARY</i>		AND:		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Abbreviated legal description: Lot 3, SKAGIT COUNTY SHORT PLAT NO. 96-0064. being ptn. SW, SE, Sec.2, T35N, R4E, W.M.					
See legal description attached hereto and by reference made a part hereof.					
<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) <i>COACH CORRAL INC</i>			WA DEALER NUMBER <i>4278</i>		DATE OF SALE <i>9-8-00</i>
PURCHASE PRICE <i>67375-</i>	TAX JURISDICTION/TAX RATE <i>7.8</i>	DEALER'S AUTHORIZED SIGNATURE <i>Linda Milbourn</i>			
<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) <i>Karrie Willis</i>			COUNTY OFFICE/FS OPERATOR NUMBER <i>2901-21</i>		
SIGNATURE <i>Karrie Willis</i>			DATE <i>10/27/00</i>		
<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, Manufac					

The Department of Licensing  
If you need special accommo



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