

RETURN ADDRESS

Land Title Company

2801 Commercial Avenue, Suite #2

Anacortes, WA 98221

PA-93790-E

200011090038 , Skagit County Auditor 11/9/2000 Page 1 of 2 8:49:57AM

	<u> </u>		
·		Company of the Compan	
	MANUFACTURE APPLICATION The set of a false statement of a material factor in the statement of a fine, imposition may be punished by a fine may be pu	ON TRANSI	LEASE CHECK ONE ELIMINATION FER IN LOCATION AL FROM REAL PROPERTY 5.12.210)
1 MANUFACTURED HOME			-
TPO / PLATE NUMBER YEAR @76672 197	MAKE LENGTH/WIDTH(' · ·	IUMBER (VIN)
2 LAND		EGAL DESCRIPTION ON PA	AGE
MANUFACTURED HOME WI	LL BE X AFFIXED REMOVE	PEAL PROPERTY TAX P.	ARCEL NUMBER -000-133-0000
LOT BLOCK	PLAT NAME SKYLINE NO. 6	SE SE	CTION/TOWNSHIP/RANGE
3 GRANTOR(S) REGISTER		ADDITIONAL NAMES ON PA	
COUNTY NUMBER Skagit	NUMBER OF REGISTERED OF	WNERS NUMBER C	(1)
NAME OF REGISTERED OWNER			
DANIEL E. FRY NAME OF ADDITIONAL REGISTERED	OWNER		
MELISSA R. ALUMBA			
ADDRESS	CITY		STATE ZIP CODE
2310 BARON PLACE,	ANACORT	ES	WA 98221
WELLS FARGO HOME		•	
NAME OF ADDITIONAL LEGAL OWNE	R		
ADDRESS	CITY		STATE ZIP CODE
1010 S.E. EVERETT		${f T}$	WA 98208
GRANTEE			
NAME	•		
LDO SOLEMNI V ATTEST III	NDER PENALTY OF PERJURY THAT	I/WE AM/ARE THE REGIS	TERED OWNER(S) OF THIS
VEHICLE AND THIS INFORM Signature of Registe	IATION IS ACCURATE: ered Owner and Title, IF APPLICABLE*	Dan E frag	Almha
NOTARY SEAL OR STAMP	ered Owner and Title, IF APPLICABLE	CATION FOR REGISTERED	OWNER(S) SIGNATURE
	State of Washington Skagit County of	Signed or a before	
	by Daniel E. Fry PRINT NAME OF REGISTERED OWNER by Melissa R. Alumbaug PRINT NAME OF REGISTERED OWNER	gh Lisa	
John Jan S	Title Residing in Mount DEALERSHIP POSITION/AGENT/NOTAR	<u>Vernon</u> AND:	ounty/Office No. OR Dealer No. OR 7/9/04 tary Expiration Date
4 TITLE COMPANY CERTIF			
	on of the land and ownership is true and		
NAME (TYPED OR PRINTED)		TITLE COMPANY / PHONE NUMBE	R
SIGNATURE / POSITION			DATE .
	a Licensing Agent within 10 calenda	r days of the date Title Com	pany Representative signs.
5 BUILDING PERMIT OFFIC			
T certify that:	inufactured home has been affixed to the ing permit has been issued for this purp	oose and the attachment will be	
NAME (TYPED OR PRINTED) Larry Andrel	BLDG PÉRMIT OFFICI	E/PHONE # 360-243-1901	BLDG PERMIT # 2891

	and the second s						
SIGNATURE OF LEG	ALOWNER	 		$-\!$	}	· · · ·	
SIGNATURE OF LEGAL		SENT FOR	FLIMINATIE	M OF TI	LEABEMOV	AL FRO	M REAL PROPER
						its 5	pelo isone
Signature of Leg	gal Owner and Title, IF APF	LICABLE _		- 		<u>B</u>	encia ingle
Signature of Additional Leg	gal Owner and Title, IF APF	PLICABLE _					
NOTARY SEAL OR STAMP			RTIFICATIO)N FOR L	EGAL OWNE	R(S) SIC	SNATURE
A1 V/1A1 V WA	State of Washingto	n ees	••		Signed or atte	ested	10/20/
ALVIN Y. WO		f KIN	14		before n	ne on	10/28/00
STATE OF WASHING		162 E	PAMO	Sign	nature		
NOTARY PUB		GAL OWNER			NOTARY	OR AGEN	
COMMISSION EXPIRES 2-	14-04by PRINT NAME OF LE	CALOWNER		DDIA	ALVIN S		U.
	4/01700	The same of the sa	2	FHIII	Coun	ty/Office N	
	Title	<u> </u>	OTARY		AND: Notan	Dealer I Expiration	No. OR <u>KING</u> In Date 2-74-09
LAND DESCRIPTION	(A legal description of the	ne land can b	oe obtained f	rom the	local County	Assess	or's Office
		,		*\			
	INE NO. 6", as		AP 20 1 K	100 N			
64 through 6/A	, inclusive, re	cords of	f Skagit	Coun	ty, Wash	ingto	n.
Situate in the	City of Anacor	tes, Co	unty of	Skagi	t, State	of Wa	ashington.
			4				•
			•				
DEALER'S REPORT	OF SALE						
	NFORMATION IS CORRE		HICLE IS CL	EAR OF	ENCUMBRAI	NCES EX	CEPT AS SHOWN
ANY REQUIRED SALE EALER NAME (TYPED OR PRIN	S TAX HAS BEEN COLLI TED)	ECTED.		WA DEAL	ER NUMBER	LDA	TE OF SALE
·	,				1	And the second second	
URCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AL	JTHORIZED SIG	NATURE		The state of the s	
and the second					## 	<u>· </u>	Att of the second
	T Sale to a Certified Triba					tement of	delivery).
	GENT LICENSING OFFIC						
certify that the above applic he recording of this form.	ation appears to have been	completed co	errectly, and th	ie applica	nt nas sufficier	nt docume	entation to proceed y
AME (TYPED OR PRINTED)	0 10			COUNTY	OFFICE/VFS OPE	RATOR N	JMBER
PEGGY	HARION	<u>LL</u>			27-01	-04	
GNATURE		0.1	\cap			DAT	1/0/00
a TITLETTO	y se	<u>adul</u>	٧		··- · · · · · · · · · · · · · · · · · ·		1/4/0
TITLE FEES	CATION MOBILE H	OME FEE	ELIMINATION	FEE	USE TAX		SUBAGENT FEES
	and the second s						
			.1.		_ 		TOTAL FEES & TAX
<u> </u>	A Company of the Comp						
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	Retain proof of the reco				•	_	. . .
	our original application	_	•		•		ı .
APPLICA	NTS: Once recorded	Voll must	return to a '	Vehicle	Licensing of	fice to f	ile the
AFFLICAI	Manufactured F	*			_		1
	licensing subag	7		-	•		
	<u> </u>						
Ear full imateur	tions on completing th	in form for	Titla Elimina	ation D-	moual fram	Deal D	ronorty.

The Department of Licensir

If you need special accomm

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

200011090038 , Skagit County Auditor

8:49:57AM

11/9/2000 Page 2 of 2