

## RETURN ADDRESS

ISLAND TITLE COMPANY

P. O. BOX 1228

Anacortes, WA 98221



200011160067

, Skagit County Auditor

11/16/2000 Page 1 of 3 3:56:59PM

SA19989

AE7290

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)	
182886	2000	SKY	28 X 56	2T910417M	
<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 4101-151-013-0000	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
	Ptn Blk 151	FIDALGO CITY			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		2	
NAME OF REGISTERED OWNER		DOL SCHONDW713M5			
NAME OF ADDITIONAL REGISTERED OWNER		DOL SCHONNC604LA			
ADDRESS	CITY	STATE	ZIP CODE		
6092 State Route 20	Anacortes	WA	98221		
NAME OF LEGAL OWNER		DOL SCHONDW713M5			
NAME OF ADDITIONAL LEGAL OWNER		DOL SCHONNC604LA			
ADDRESS	CITY	STATE	ZIP CODE		
6092 State Route 20	Anacortes	WA	98221		
<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>Donald W. Schonne</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Nancy C. Schonne</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u> Signed or attested before me on <u>11-15-00</u> Signature <i>Jean A. Crandall</i> NOTARY OR AGENT <b>Jean A. Crandall</b> PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>7/15/01</u> AND: Notary Expiration Date			
<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 checked="" 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 #	
Cindy Gauthier		360-336-9410		98-1440	
SIGNATURE / POSITION				DATE	
<i>Cindy Gauthier</i>				11-16-00	
SKAGIT COUNTY PERMIT CENTER					

**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

OFFICIAL SEAL

State of Washington  
County of

Skagit

Signed or attested  
before me on

11-15-00

JEAN A. CRANDALL

Notary Public - State of Washington

My Commission Expires 7-15-01

Donald W. Schonne

PRINT NAME OF LEGAL OWNER

Nancy C. Schonne

PRINT NAME OF LEGAL OWNER

Title Notary Public

DEALERSHIP POSITION/AGENT/NOTARY

Signature

NOTARY OR AGENT

Jean A. Crandall

PRINTED NAME OF NOTARY

County/Office No. OR

AND:

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)**

Legal Description as shown on attached

**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)

COUNTY OFFICE/YES OPERATOR NUMBER

SIGNATURE

DATE

**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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.



200011160067

, Skagit County Auditor



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

**Check type of application:**

- ☐ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

**Land:** Property Tax Parcel Number \_\_\_\_\_

Legal Description:

The South 25 feet of the East 140 feet of the following described tract:

That unnumbered tract (Hotel Tract) which is bounded on the East by Fidalgo Avenue, on the North by Fourth Street, on the South by Third Street and on the West by Fairview Avenue, as shown on the MAP OF FIDALGO CITY, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington;

TOGETHER WITH that portion of the West Half of vacated Fidalgo Avenue as attached thereto by operation of law;

ALSO TOGETHER WITH that portion of vacated Third Street as would attach thereto by operation of law;

ALSO Lot 1, Block 172, MAP OF FIDALGO CITY, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington;

TOGETHER WITH those portions of the West Half of vacated Fidalgo Avenue, the South Half of vacated Third Street and the East Half of the vacated alley within Block 172, all as would attach thereto by operation of law.

Situated in Skagit County, Washington.



OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION:

☐ Title Elimination

☐ Removal From Real Property

☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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I DO SOLEMNLY ATTEST UNDER PENALTY OF PURJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
SIGNATURE OF REGISTERED OWNER	DATE
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SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
	State of Washington County of _____ Signed or attested before me on _____ by _____ Printed Name of Applicant Signature _____ Title _____ Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____ DEALERSHIP Position/Agent/NOTARY

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) 664-8885.