## RETURN ADDRESS

WA 98273



APPLICATION PITTLE ELIMINATION   TRANSFER IN LOCATION   REMOVAL FROM REAL PROPERTY    MANUFACTURED HOME   PROPERTY   PROPERTY   PROPERTY   PROPERTY	15 STATE OF WASHINGTON				
TITLE ELIMINATION TRANSFER IN LOCATION REMOVAL FROM REAL PROPERTY    MANUFACTURED HOME		4			
TITLE ELIMINATION TRANSFERIN LOCATION REMOVAL FROM REAL PROPERTY    MANUFACTURED HOME	<b>ICENSING</b> APPL	ICATION 63157			
MANUFACTURED HOME PROPERTY ENABLED  LAND  ADDITIONAL LEGAL DESCRIPTION ON PAGE  TITLE FEED  AREA DESCRIPTION ON PAGE  TITLE FEED  APPLICATION  TITLE FEED  TITLE FEED  TITLE FEED  TITLE FEED  APPLICATION  APPLICATI		CHECK ONE			
TO PAIR MANGER    PARCE   PARCE   PARCE   PARCE   PROPERTY   PARCE   P	TITLE ELIMINATION TRANSFER IN LO	CATION   REMOVAL FROM REAL PROPERTY			
ADDITIONAL LEGAL DESCRIPTION ON PAGE  MANUFACTURED HOME WILL BE PAFFIXED REMOVED PROPERTY WAS A RESTORMORD REMOVED PROPERTY WAS A RESTORMORD REMOVED PROPERTY WAS A RESTORMORD R					
MANUFACTURED HOME WILL BE BAFFIXED PREMOVED PROPERTY AND A PAGE APPLICATION  MANUFACTURED HOME WILL BE BAFFIXED PROPERTY AND A PAGE APPLICATION  DESCRIPTION AND A PAGE APPLICATION  A logal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD 420732, available at your local County Auditor's Office.  A logal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD 420732, available at your local County Auditor's Office.  A PAGE AND A PAGE AND A PAGE APPLICATION  A PAGE AND A PAGE APPLICATION  MOBILE HOWE FEE  LIMMATION, FE	TPO/PLATE NUMBER YEAR 2000 FLTWD LENGTH	X 27 ORFLYUSAR 2727 413			
MANUFACTURED HOME WILL BE PLAFFIXED THE MOVED PROPERTY AND THE MOVED	2 LAND ADDITIONAL	EEGAE BEGOTH HON ON TAGE			
A legal description can be obtained from this local County Assessors of Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  A legal description can be obtained from this local County Auditor's Office.  BUSH A legal County Auditor's Office.	MANUFACTURED HOME WILL BE AFFIXED REI	R-116515			
A regal description can be obtained from the local Continy Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.  LOT 2, SP 99-0019, PELOTES of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the November of Stag + Cop wild promise of the Stag + Cop	LOT O BLOCK PLAT NAME COO OO	SECTION/TOWNSHIP/RANGE APPLICATION			
USE TAX ADDITIONAL NAMES OF INCLUSIVE CONCERNING THE STAX  20004120016. PELOTAS OF SLAG TOD, WALL AND THE SUB-AGENT FEES  336, TOUN RUE, WALL THE NEW OF THE NUMBER OF THE NEW OF THE NEW OF THE NUMBER OF THE		MOBILE HOME FEE			
SIGNATURE OF LEGAL OWNER AND TITLE, IF APPLICABLE  AND THIS LEGAL OWNER AND TITLE, IF APPLICABLE  NOTARLY ENDER OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Sale in a certified tribal information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Sale to a Certified Tribal information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Sale to a Certified Tribal information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Sale to a Certified Tribal information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Of Sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Of Sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Of Sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Of Sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  Dealer's Report Of Sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  Dealer No. OR AND THE CRUSH IN THE	use the Application Attachment form, TD-420-732, available at	your local County Auditor's Office.			
SIGNATURE OF LEGAL OWNER ACCOUNT NUMBER  SIGNATURE OF HIST LEGAL OWNER AND TITLE, IF APPLICABLE  ANDITIONAL NAMES ON PAGE  LEGAL OWNERS  PLEGAL OWNERS  ADDITIONAL NAMES ON PAGE  DOLUSTOMER ACCOUNT NUMBER  THE PLEGAL OWNER INDICATES CONSENT FOR PAGE  LAW THAT I / WE ARE THE REGISTERED OWNERS OF PAGE  PLEGAL OWNER INDICATES CONSENT FOR PAGE OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  NOTABLE OF HIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER ON THE A	LOT 2, SP# 99-0019, recorded	4/12/00 under HPN USE TAX			
SIGNATORIS REGISTERED LEGAL OWNERS  SIGNATORIS REGISTERED CONNER  OCUNTY INCORPORATED UNINCORPORATED INCORPORATED INCORPORATED UNINCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORATED INCORPORATION INCORPORATED INCORPORAT	200004120016, Vectoras of 3	LI SIND 14 OF NE 14 OF			
SIGNATURE OF LEGAL OWNER ACCOUNT NUMBER  SIGNATURE OF HIST LEGAL OWNER AND TITLE, IF APPLICABLE  ANDITIONAL NAMES ON PAGE  LEGAL OWNERS  PLEGAL OWNERS  ADDITIONAL NAMES ON PAGE  DOLUSTOMER ACCOUNT NUMBER  THE PLEGAL OWNER INDICATES CONSENT FOR PAGE  LAW THAT I / WE ARE THE REGISTERED OWNERS OF PAGE  PLEGAL OWNER INDICATES CONSENT FOR PAGE OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  NOTABLE OF HIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER AND TITLE, IF APPLICABLE  SIGNATURE OF RIST HERISTOMERS DOWNER ON THE A	PAN OF THE NEW OF TENDE	a non-exclusive easement sub-AGENT FEES			
SIGNATURE OF LEGAL OWNER ADDITIONAL NAMES ON PAGE  OCUNITY INCORPORATED UNINCORPORATED INCORPORATED INCORPORATED INCORPORATED UNINCORPORATED INCORPORATED INCORPO	for access & utilities as del	ineated on the face of TOTAL FEES & TAX			
3 GRANTOR(S) REGISTEREDALEGAL OWNER(S)  NAME OF FIRST REGISTERED OWNER  LEND FIELD ALOVE  NAME OF FIRST REGISTERED OWNER  NAME OF FIRST REGISTERED OWNER  NOT FILL CALLED THE MET ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF PURILIPY  NAME OF FIRST REGISTERED OWNER  ADDITIONAL NAMES ON PAGE  ADDITIONAL NAME	Sd. Plat as BERNIE MORRIS	couet'.			
NAME OF FIRST REGISTERED OWNER  CLENS FIELD GLOVE  ADDRESS OF HIST REGISTERED OWNER  ADDRESS OF HIST REGISTERED OWNER  ADDRESS OF HIST LEGAL  ADDRESS OF HIS	3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)	ADDITIONAL NAMES ON PAGE			
ADDRESS OF FIRST IREGISTERED OWNER  ADDRESS OF FIRST LEGAL OWNER	COUNTY # INCORPORATED UNINCORPORATED	REGISTERED OWNERS # LEGAL OWNERS			
ADDRESS OF FIRST TEGISTERED OWNER  23-53 PEDNIC MONTS COURT M-VETTO GRAPH ACCOUNT NUMBER  DOL CUSTOMER ACCOUNT NUMBER  ADDRESS OF FIRST LEGAL OWNER  21 POODE  STATE 21 POODE  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  DOL CUSTOMER ACCOUNT NUMBER  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  DOL CUSTOMER ACCOUNT NUMBER  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  SIGNATURE OF FIRST RECUSTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF FIRST RECUSTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF FIRST RECUSTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF S	NAME OF FIRST REGISTERED OWNER				
DOL CUSTOMER ACCOUNT NUMBER ADDRESS OF FIRST LEGAL OWNER ADDRESS OF FIRST LEGAL OWNER ADDRESS OF FIRST LEGAL OWNER ADDRESS OF FIRST GRANTEE  ADDITIONAL NAMES ON PAGE  ADDITIONAL NAMES ON PAGE  ADDITIONAL NAMES ON PAGE  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  ADDITIONAL NAMES ON PAGE  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  SIGNATURE OF FIRST SEPERATED OWNERS OF PUBLIC AND THIS IMPORTANT PUBLIC AND	ADDRESS OF FIRST REGISTERED OWNER	STATE ZIP CODE			
DALIFIC SUPPLIES  STATE PROOF  STATE PROOF  STATE PROOF  STATE  S					
ACADITIONAL NAMES ON PAGE  ANAME OF FIRST GRANTEE  ANAME OF FIRST SEGAL OWNER AND TITLE, IF APPLICABLE  NOTABLY GRANTEE  NOTABLY  PUBLIC  OF WAS  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances excépt as shown.  DEALER'S REPORT OF SALE 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.  A COUNTY ADDITIONAGENT LICENSING OFFICE APPROVABLE (NOT or use by Sub-Agents)  COUNTY OFFICENSY OPERATOR NUMBER  COUNTY OFFICENSY OPERATOR NUMBER  COUNTY OFFICENSY OPERATOR NUMBER	PACIFIC GUALANTEE MORTGA	SE CORP (00154668)			
ADDITIONAL NAMES ON PAGE  NAME OF FIRST GRANTEE  ADDITIONAL NAMES ON PAGE  DOL CUSTOMER ACCOUNT NUMBER  NAME OF FIRST GRANTEE  DOL CUSTOMER ACCOUNT NUMBER  LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS INFORMATION IS ACCURATE:  SIGNATURE OF FIRST F					
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)  SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:  SIGNATURE OF LEGAL OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLY GEAL OR STAMP  NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLY GEAL OR STAMP  NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTARY  SIGNATURE OF SECONOFICISTERED OWNER AND TITLE, IF APPLICABLE  NOTARY  Primise Name of Applicant  County of State of Washington  County of DEALERSHIP Position/Agent/NOTARY  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  DEALER'S REPORT OF SALE I certified Tribal methods on the reservation (attach notatized statement of delivery).  JUSE TAX JURISDICTION/TAX RATE DEALERS AUTHORIZED signatings  JUSE TAX SEEMPT Sale to a Certified Tribal methods on the reservation (attach notatized statement of delivery).  COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVADE for use by Sub-Agents)  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 & PRINTED)	GRANTEE(S)				
LAW THAT 1/ WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:  SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE PRINCE OF SECOND REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE PRINCE OF SECOND REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE OF THIS INFORMATION / CERTIFICATION FOR REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE OF THIS INFORMATION IS ACCURATE:  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE OF THIS INFORMATION IS ACCURATE:  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE OF THIS INFORMATION IS ACCURATE:  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  NOTABLE OF THIS INFORMATION IS ACCURATE:  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND THILE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNE	NAME OF FIRST GRANTEE	DOL COSTOMER ACCOUNT NUMBER			
punished by a fine, imprisonment, or both. (RCW 46.12.210) SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:  SIGNATURE OF FIRST RESISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF FIRST RESISTERED OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF FIRST RESISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLY OF SECOND FREGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLY OF SECOND FREGISTERED OWNER AND TITLE, IF APPLICABLE  NOTARY  Signature  NOTARY  NOTARY  Signature  NOTARY  Signature  NOTARY  Signature  OF WASHING  DEALERSHIP Position/Agent/NOTARY  WAD GALER NUMBER  DATE OF SALE  OF TAX JURISDICTION/TAX RATE  DEALER'S REPORT OF SALE  OF TAX JURISDICTION/TAX RATE  USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notalized statement of delivery).  COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAD: (Not for use by Sub-Agents)  COUNTY OFFICE/VFS OPERAZOR NUMBER	, ,				
SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE  SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLE SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  Signature  Signature  Dealer No. OR  12-15-2001  OF WAST  DEALERSHIP Position/Agent/NOTARY  DEALER NAME  PUBLIC  OF WAST  Notary Expiration Date  DATE OF SALE  PUBLIC  OF WAST  NOTARY  NOTARY  NOTARY  NOTARY  NOTARY  NOTARY  NOTARY  SIGNATURE  PUBLIC  NOTARY  SIGNATURE  SIG					
SIGNATURE OF FIRST DECAL OWNER AND TITLE, IF APPLICABLE  NOTARY STAMP  NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTARY STAMP  NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTARY STAMP  State of Washington  County of  Printed Name of Applicant  Printed Name of Applicant  Dealer No. OR  12-15-2001  OF WASHING  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  DEALER NAME	SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR				
SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE  NOTABLY CEAL OR STAMP  Signature  Signature  Signature  Signature  Signature  Notary Signature  Dealer No. OR  AND: County/Office No. OR  Notary Expiration Date  Notary Expiration Date  Notary Expiration Date  DEALER NAME  DEALER SIGNATURE  DEALER NAME  DEALER NAME  DEALER NAME  DEALER NAME  DEALER NAME  DEALER NAME  DEALER SIGNATURE  DEALER NAME	ELIMINATION OF TITLE / HEMIOVAL PROMINEAL PROPER				
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  State of Washington Country of Signature S	SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE				
PUBLIC OF WASHING  DEALERSHIP Position/Agent/NOTARY  DEALER NAME  DEALER NAME  DEALER NUMBER  DEALER NUMBER  DISTANCE  TAX JURISDICTION/TAX RATE  DEALER'S REPORT OF SALE  TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  DISTANCE  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  Town Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  TOWN Y AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)	NOTABY SEAL OR STAMP NOTARIZATION / CE				
PUBLIC OF WASHING  DEALERSHIP Position/Agent/NOTARY  DEALER NAME  DEALER NAME  DEALER NUMBER  DATE OF SALE  TAX JURISDICTION/TAX RATE  DEALER'S REPORT OF SALE  TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  DISE TAX EXEMPT  Signature  Notary Expiration Date  WA DEALER NUMBER  DATE OF SALE  DATE OF SALE  DEALER'S AUTHORIZED SIGNATURE  DISE TAX EXEMPT Sale to a Certified Tribal metriber on the reservation (attach notarized statement of delivery).  COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  Toertify 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/VFS OPERATOR NUMBER	M. KEAD State of Washington	Signed or attested 12/11/77			
PUBLIC 12-15-2001 DEALERSHIP Position/Agent/NOTARY  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  DEALER NAME PLEET WOOD TAX JURISDICTION TAX RATE DEALER'S AUTHORIZED SIGNATURE  DATE OF SALE  PURCHASE PRICE TAX JURISDICTION TAX RATE DEALER'S AUTHORIZED SIGNATURE  DATE OF SALE  OUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  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/VF9 OPERATOR NUMBER	LIN SSION EXO				
PUBLIC 12-15-2001 DEALERSHIP Position/Agent/NOTARY  DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  DEALER NAME PLEET WOOD TAX JURISDICTION TAX RATE DEALER'S AUTHORIZED SIGNATURE  DATE OF SALE  PURCHASE PRICE TAX JURISDICTION TAX RATE DEALER'S AUTHORIZED SIGNATURE  DATE OF SALE  OUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  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/VF9 OPERATOR NUMBER	Kim M	Voor signature Voor M Voor			
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  DEALER NAME  DATE OF SALE  DEALER NAME  DEALER NAME  DATE OF SALE  DEALER NAME  DEALER NAME  DATE OF SALE  DEALER NAME  DATE OF SALE  ON THE PERSONAL OF SALE  DEALER NAME  DATE OF SALE  DEALER NAME  DEALER NAME  DATE OF SALE  DEALER NAME  DATE OF SALE  DEALER NAME  DEALER NAME  DATE OF SALE  DATE OF	Fillited Name of	Applicant			
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.  DEALER NAME  PURCHASE PRICE  TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  DEALER NUMBER  DATE OF SALE  PURCHASE PRICE  TO TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  DEALER NUMBER  DATE OF SALE  OF SALE  PURCHASE PRICE  TO TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  OF SALE  OF S	PUBLIC S Title CION	AND: County/Office No. OR 2 5			
DEALER NAME  DEALER NAME  PURCHASE PRICE  USE TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  DEALER'S AUTHORIZED SIGNATURE  DEALER NUMBER  DATE OF SALE  DATE OF SALE  DEALER'S AUTHORIZED SIGNATURE  DEALER'S AUTHORIZED SIGNATURE  DEALER NUMBER  DATE OF SALE  DEALER NUMBER  DATE OF SALE  DEALER'S AUTHORIZED SIGNATURE  OUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  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/VF9 OPERATOR NUMBER	DEALERSHIP Positio	n/Agent/NOTARY Notary Expiration Date			
DEALER NAME  DEALER NAME  PURCHASE PRICE  TAX JURISDICTION/TAX RATE  DEALER'S AUTHORIZED SIGNATURE  DEALER'S AUTHORIZED SIGNATURE  DEALER SIGNATURE  DEALER NUMBER  DATE OF SALE  DATE OF SALE  DATE OF SALE  DEALER'S AUTHORIZED SIGNATURE  DEALER'S AUTHORIZED SIGNATURE  DEALER'S AUTHORIZED SIGNATURE  DEALER NUMBER  DATE OF SALE  DATE OF SALE  DEALER NUMBER  DEALER NUMBER  DATE OF SALE  DEALER NUMBER  DEALER NUMBER  DATE OF SALE  DEALER NUMBER  DATE OF SALE  DEALER NUMBER  DATE OF SALE  DEALER NUMBER  DEALER NUMBER  DATE OF SALE  DEALER NUMBER  DEALER NUMBER  DATE OF SALE  DATE OF SALE  DEALER NUMBER  DATE OF SALE  DATE OF SAL	OF WASH				
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).  4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  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.  NYME (TYPED OR PRINTED)  COUNTY OFFICE/VES OPERATOR NUMBER		is correct. The vehicle is clear of encumbrances except as shown.			
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).  4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)  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.  NYME (TYPED OR PRINTED)  COUNTY OFFICE/VES OPERATOR NUMBER	DEALER NAME CI SETUDO A LIGHTIS	WA DEALER NUMBER DATE OF SALE			
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).  4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAD: (Not for use by Sub-Agents)  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.  INVINE (TYPED OR PRINTED)  COUNTY OFFICE/VES OPERATOR NUMBER	PHRCHASE PRICE TAX JURISDICTION/TAX RATE DEALER'S	S AUTHORIZED SIGNATURE			
COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAD: (Not for use by Sub-Agents)  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.  COUNTY OFFICE/VES OPERATOR NUMBER  COUNTY OFFICE/VES OPERATOR NUMBER	TUSE TAX EXEMPT. Sale to a Certified Tribal permber on the reservation (attach notarized statement of delivery)				
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/VER OPERATOR NUMBER  COUNTY OFFICE/VER OPERATOR NUMBER					
NAME (TYPED OR PRINTED)  COUNTY OFFICE/VES OPERATOR NUMBER  290708	I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to				
Dirsty Courery 240108,	proceed with the recording of this form.	LOCUMEN OFFICE AFT OFFICE AND AND AFTER			
SIGNATURE DATE 29 00	A 15th Ower	COUNTY OFFICE/VF9 OPERATOR NUMBER			
	SIGNATURE	P75 29 100			
D-420-729 MANUF HOME APPL (R/12/96)OR Page 1 of 2 INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE	TD-420-729 MANUF HOME APPL (R/12/96)OR Page 1 of 2 INST	RUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE			

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

5 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and over	wnership is true and correct per the real pr	operty records.	
NAME	TITLE COMPANY/PHONE NUMBER		
SIGNATURE / POSITION		DATE	
Finalize this application with a Licensing Age	nt within 10 calendar days of the date Titl	e Company Representative signs.	
6 BUILDING PERMIT OFFICE CERTIFICATION	N		
I certify that the manufactured home has been affin purpose and the attachment will be inspected upon		a building permit has been issued for this	
NAME Ginda Gauthier	336-9410	NEBP00-0653	
SIGNATURE POSITION	SKAGIT COUNTY PERMIT CENTER	DATE 10/23/00	

## **INSTRUCTIONS**

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW, DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. Manufactured Home Title Elimination Application (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property.
- B. Manufactured Home Transfer In Location Application (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once properly completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.

- Note: Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.
- SECTION 1 Enter the description of the manufactured home.
- SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.
- SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title. Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)
- SECTION 4 Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may **not** complete the approval portion of this form.
- SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer in Location" or a "Removal From Real Property" application. Important: The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.
- SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land; or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.

Once the application has been approved by the County Auditor/Licensing Agent 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.

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.



## 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 APPLICA	TION: Title Elimination	•
	Removal From Real Property	
	Transfer In Location	
PROPERTY TAX PARCEL N	UMBER: 216515	
ADDITIONAL GRANTOR(S	REGISTERED/LEGAL OWNER(S)	
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	JE - DOFOAR	- FIELDLR GO3A1
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER
<u> </u>		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
		DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		Nova
		DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER	NER INDICATES CONSENT FOR ELIMINATION OF	TITLE:
		DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
Anyone who knowingly make	R a faige statement of a metadal fact in	ASSET ASSET TANK
by a fine, imprisonment, or b	es a faise statement of a material fact is guilty of a footh. (RCW 46.12.210)	reiony, and upon conviction may be punished
I DO SOLEMNLY ATTEST UN	DER PENALTY OF PURITIRY I AWTHATIANS AS	RETHE REGISTERED OWNERS OF THIS
VEHICLE AND THIS INFORM. SIGNATURE OF REGISTERED OWNER	The state of the s	
	•	DATE
SIGNATURE OF REGISTERED OWNER		DATE
SIGNATURE OF REGISTERED OWNER	•	DATE
SIGNATURE OF REGISTERED OWNER		
SIGNATURE OF REGISTERED OWNER		PATE
•	•	DATE
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR RE	GISTERED OWNER(S) COMPTON
	Come of Wasterigton	Signed or attested
	County of	before me on
	by	Signature
,	Printed Name of Applicant	
1	Title	Dealer No. OR  AND: County/Office No. OR
	DEALERSHIP Position/Agent/NOTARY	Notary Expiration Date
	•	

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.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 2 of 2



, Skagit County Auditor 12/29/2000 Page 3 of 3 14:16:20AM