RETURN ADDRESS	
Darrell Bogar	
1002 Fidalgo St.	200101050073 , Skagit County Auditor
Sedro Woolley, WA 98284	1/5/2001 Page 1 of 2 12:03:53PM
P-94704-E	
STATE OF WASHINGTON Department of 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 guil	ty Chemioval Phone in the

STATE OF WASHINGTON Department of	MANUE	ACTURED H	OME	PLEASE CHECK ONE
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MANUFACTURED HOME		au by a mie, imprisoni		777 40.12.210)
TPO / PLATE NUMBER YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICA	TION NUMBER (VIN)
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2 LAND		LEGA	_DESCRIPTION (ON PAGE
MANUFACTURED HOME WIL	LBE AFFIXED	D REMOVED		TAX PARCEL NUMBER -016-0000/P111131
Ptn 16 & 17 73	PLAT NAME First	Addition to S	edro	SECTION/TOWNSHIP/RANGE
3 GRANTOR(S) REGISTER	ED/LEGAL OWNER	(S) ADDI	TIONAL NAMES C	N PAGE
COUNTY NUMBER	NUMBER	OF REGISTERED OWNERS 2	NUM	BER OF LEGAL OWNERS
NAME OF REGISTERED OWNER				
Darrell A. Bogar		· · · · · · · · · · · · · · · · · · ·		
NAME OF ADDITIONAL REGISTERED (OWNER			
Janet B. Bogar		CITY		STATE ZIP CODE
1002 Fidalgo St.,	Sedro Wooll			
NAME OF LEGAL OWNER	Deale wooli	ey, WA 70204		
Peoples Bank				
NAME OF ADDITIONAL LEGAL OWNER	3			
ADDRESS		CITY		STATE ZIP CODE
ADDRESS	0 1 77			STATE ZIF CODE
4183 Meridian St.	Znd Floor,	Bellingham, W	A 98226	
NAME				
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Signature of Registe Signature of Registe	ered Owner and Title, I	IF APPLICABLE	Januar &	D. Sogo
NOTARY SEAL OR STAMP	· · · · · · · · · · · · · · · · · · ·		N FOR REGISTER	RED OWNER(S) SIGNATURE
	i .			ge ^{po}
	State of Washingto	of <u>Skagit</u>	i	d or attested before me on 12/(1 /00
	by Darrel	1 A. Bogar EGISTERED OWNER	Signature	Cardau M. Jay
	by Janet	B. Bogar EGISTERED OWNER		dace M. Taylor AME OF NOTARY
The second of th	Ĵ//	Notary	AND	County/Office No. OR
		ITION/AGENT/NOTARY	AND	Notary Expiration Date
4 TITLE COMPANY CERTIF				
I certify that the legal descriptio	n of the land and own			
NAME (TYPED OR PRINTED)		· TITLE	COMPANY / PHONE N	NUMBER
SIGNATURE / POSITION				DATE
Finalize this application with	a Licensing Agent v	vithin 10 calendar day	s of the date Title	Company Representative signs.
5 BUILDING PERMIT OFFIC				
l certify that: ☐ a buildi	nufactured home has ng permit has been is	been affixed to the rea sued for this purpose a	ind the attachment	will be inspected upon completion.
NAME (TYPED OR PRINTED)	EMBS CI	BLDG PERMIT OFFICE/PHOP		-017 8LDG PERMIT # 6407
SIGNATURE POSITION	A BUILD	11/1/2	<u> </u>	DATE /21/00.
TD-420-729 MANUF HOME APPL (R/8/98	3)OR Page 1 of 2			

	, es.				
SIGNATURE OF LEGAL O	WNER				
IGNATURE OF LEGALOWN	ER INDICATES CONS	ENT FOR ELIMINATIO	N OF TITLE	/ REMOVAL	FROM BEAL PROPE
Signature of Legal Ov	wner and Title, IF APPLI	CABLE / Our	ná C	The second	TE fantly
- Milifilia.					<i>P</i>
igna tale of Additional/L egal Ov	wner and Title, IF APPLI	CABLE			
NAMES STONE STONE	NOTARIZ	ATION/CERTIFICATIO	N FOR LEG	AL OWNER(S) SIGNATURE
COM.	State of Washington	Skagit	Sig	ned or atteste	d n 12-12-00
NOTARY	County-of	31291	· · · · · ·	belore me o	11
AC	by Peoples Ban		Signatu	re Jaroly	what
PUBLIC OF SE	PRINT NAME OF LEGA	LOWNER		NOTARY OR	AGENT /
77. 31, 2 61,11	by PRINT NAME OF LEGA			NAME OF NOTA	loyd
WASH WITH	ì	COWNER		County/C	Office No. OR
antillities.	Title <u>notary</u> DEALERSHIP POSITION	N/AGENT/NOTARY	AN		ealer No. OR_ piration Date 8-3/-2
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The Department of Licensing has a policy of providing equal access to its services.

If you need special acco

200101050073 , Skagit County Auditor