

RETURN ADDRESS

John Strong

46086 Baker Dr.

Concrete, WA 98237



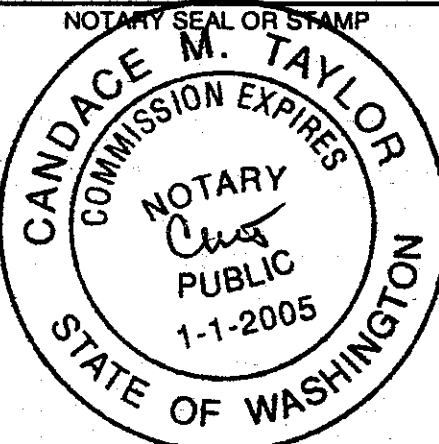
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Skagit County Auditor

3/28/2001 Page 1 of 2 8:56:32AM

Order No. P-95586-E

STATE OF WASHINGTON Department of Licensing		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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
@17554	74	Prnct	52 X 12	KW1697	
2 LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				3877-000-140-0005/P64210	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
140		Cedargrove on the Skagit			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER					
John Strong					
NAME OF ADDITIONAL REGISTERED OWNER					
Joanne Strong					
ADDRESS	CITY		STATE	ZIP CODE	
46086 Baker Dr., Concrete, WA	98237				
NAME OF LEGAL OWNER					
Charlotte B. Ware					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS	CITY		STATE	ZIP CODE	
1901 151st St. SE, Mill Creek, WA	98012				
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 <i>John Strong</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Joanne Strong</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested		before me on	
County of Skagit				3/21/01	
by John Strong		Signature		<i>Candace M. Taylor</i>	
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Joanne Strong		Signature		<i>Candace M. Taylor</i>	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title notary		AND: County/Office No. OR		11/05	
DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR			
		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: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" 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 #	
TAWNRE BOSMAN		336-9410		12951	
SIGNATURE / POSITION		DATE			
<i>Tawnre Bosman</i> Support Services		03/27/01			

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 <u>Charlotte Ware by</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>James BR Ware POA</u>					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of Washington		County of <u>Skagit</u>		Signed or attested before me on <u>3/20/01</u>	
by <u>Charlotte B. Ware</u> by		Signature <u>Candace M. Taylor</u>		NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER		James Ware, Power of Attorney		Candace M. Taylor	
by		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
Title <u>notary</u>		AND: County/Office No. OR		Dealer No. OR <u>1/1/05</u>	
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 140, "CEDARGROVE ON THE SKAGIT", as per plat recorded in Volume 9 of Plats, pages 48 through 51, inclusive, records of Skagit County, Washington.					
Situate in the County of Skagit, State of Washington.					
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			
<input type="checkbox"/> 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/VFS OPERATOR NUMBER		
<u>PEGGY A. RIEDELL</u>			<u>29-01-04</u>		
SIGNATURE <u>Peggy A. Riedell</u>			DATE <u>3/28/01</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & 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.					

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation

