

RETURN ADDRESS



200104060127
Skagit County Auditor

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MANUFACTURED HOME 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 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 39900	YEAR 1975	MAKE NEWMOON	LENGTH/WIDTH(FEET) 14 X 65	VEHICLE IDENTIFICATION NUMBER (VIN) 11806432
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER
340518-4-001-0907

LOT #10	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE 18/34/5
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER

WILLIAM D. KUTZ

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS
14404 CARIBOU PLACE MT. VERNON WA. CITY
98273 STATE ZIP CODE

NAME OF LEGAL OWNER

WILLIAM D. KUTZ

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE

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

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		
State of Washington County of Skagit		Signed or attested before me on 4/6/2001	
by PRINT NAME OF REGISTERED OWNER		Signature Leanne Stadelman NOTARY OR AGENT	
by PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY County/Office No. OR 220-01	
Title DEALERSHIP POSITION/AGENT/NOTARY		AND: 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: the manufactured home has been affixed to the real property as described, **has been**
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) Tish Campbell	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER	BLDG PERMIT # 23470
SIGNATURE / POSITION	DATE 04/06/01	

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 *W. R. Ogle*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of Washington
County of *Skagit*Signed or attested
before me on *10 April*

by _____

PRINT NAME OF LEGAL OWNER

Signature *Debbie Riedell*

NOTARY OR AGENT

by _____

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title _____

DEALERSHIP POSITION/AGENT/NOTARY

County/Office No. OR

Dealer No. OR

Notary Expiration Date *29-01-04***7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)***TR 10 of Survey AF #805588 Ptn of E 1/2 of NE 1/4 Sec 18 trsp 34 Rng 5 E Wm
P3D292***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) *Debbie Riedell*COUNTY OFFICE/VES OPERATOR NUMBER *29-01-04*SIGNATURE *Debbie Riedell*DATE *4/6/01***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 accommodations, please call 1-800-543-6541.*

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