

RETURN ADDRESS



200104060127

Skagit County Auditor

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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 <u>@39900</u>	YEAR <u>1975</u>	MAKE <u>NEWMOON</u>	LENGTH/WIDTH(FEET) <u>14X 65</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>11806432</u>	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER <u>340518-4-001-0907</u> PROPERTY # <u>P30292</u>		
LOT <u># 10</u>	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE <u>18/34/5</u>	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER <u>WILLIAM D. KUTZ</u>					
NAME OF ADDITIONAL REGISTERED OWNER _____					
ADDRESS <u>14404 CARIBOU PLACE</u>		CITY <u>MT. VERNON WA.</u>		STATE <u>WA.</u> ZIP CODE <u>98273</u>	
NAME OF LEGAL OWNER <u>WILLIAM D. KUTZ</u>					
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 <u>[Signature]</u>					
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 <u>Skagit</u> Signed or attested before me on <u>4/6 April 2001</u>			
		by _____ Signature <u>[Signature]</u> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by _____ PRINT NAME OF REGISTERED OWNER			
		Title _____ AND: _____ DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date <u>2-9-04</u>			
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, <u>HAS BEEN</u> <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) <u>TASH CAMPBELL</u>		BLDG PERMIT OFFICE/PHONE # <u>SKAGIT COUNTY PERMIT CENTER</u>		BLDG PERMIT # <u>23470</u>	
SIGNATURE / POSITION <u>Tash Campbell, Support Services Tech</u>				DATE <u>04/06/01</u>	

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

State of Washington
County of

Signed or attested
before me on

by

PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

by

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title

DEALERSHIP POSITION/AGENT/NOTARY

AND:

County/Office No. OR

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)

TR 10 of Survey AF # 805588 Pt of E 1/2 of NE 1/4 Sec 18 Twp 34 Rng 5 E Wm
P30292

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/VEH OPERATOR NUMBER

SIGNATURE

DATE

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



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, Skagit County Auditor

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