

RETURN ADDRESS

First American Title Company

PO Box 1667

Mt. Vernon, WA 98273

01-64306

200104120066
Skagit County Auditor

4/12/2001 Page 1 of 2 3:27:51PM

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

FIRST AMERICAN TITLE CO.

TPO / PLATE NUMBER	YEAR 1986	MAKE OAKSPRINGS	LENGTH/WIDTH(FEET) 66 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 32910664V	64306
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
4042-001-000-0004

LOT 6	BLOCK 1	PLAT NAME PLAT OF ALGER	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
DIANNE HEISTER

HEISTDH580NC.

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS 1740 Lake Samish Rd.	CITY Bellingham	STATE WA	ZIP CODE 98226
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NAME OF LEGAL OWNER
HORIZON BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 1020 S. Burlington Blvd.	CITY Burlington	STATE WA	ZIP CODE 98233
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GRANTEE

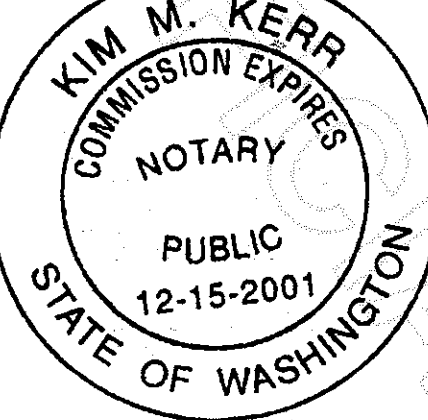
NAME

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 SkagitSigned or attested
before me on 3/26/01by Dianne Heister
PRINT NAME OF REGISTERED OWNERSignature Kim M. Kerr
NOTARY OR AGENTby
PRINT NAME OF REGISTERED OWNERKim M. Kerr
PRINTED NAME OF NOTARYTitle CLOSER
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 12/15/2001
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

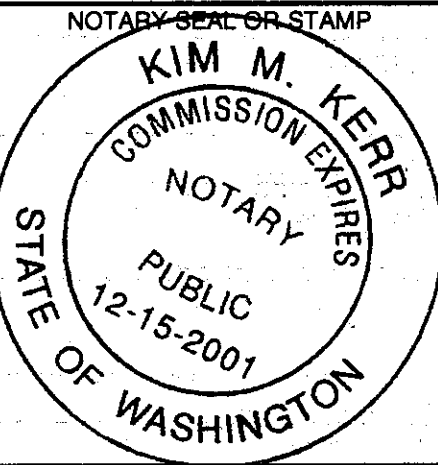
I certify that:

☐ the manufactured home has been affixed to the real property as described.

☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) Robin Tempest	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410	BLDG PERMIT # 92- 24714
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SIGNATURE / POSITION Robin Tempest / Support Services Technician	DATE 3-30-01
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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>Larry Burt</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Mgr A.V.P.</u>					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington <u>Skagit</u>		Signed or attested before me on <u>3/26/01</u>	
		by <u>Horizon Bank</u>		Signature <u>Kim M. Kerr</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by		<u>Kim M. Kerr</u>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
		Title <u>Clerk</u>		County/Office No. OR <u>2157001</u>	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: 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)					
L6 Blk. 1 PLAT OF ALGER, SKAGIT CO., WA, as per plat rec. in V4 of Plats, pg 9, rec. of Skagit Co, WA.; EXCEPT from sd L6, the N95' of the W50', as meas at right angles to the Sly row line of Alger Place; ALSO EXCEPTING from sd L 6, that ptn thereof desc as follows: Beg at the intersection of the Sly ROW line of Alger Place and the Ely line of the W50' of L6, B1 PLAT OF ALGER, SKAGIT CO., WA.; th Ely alg the Sly ROW line of Alger Place 10.0'; th Sly parallel with the E line of sd L6, 95.0'; th Wly 50.0', more or less, to the E line of the W50' of sd L6; th Nly alg the E line of sd W50' to the POB.					
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>Hursty Lowery</u>			<u>29-0108</u>		
SIGNATURE			DATE		
<u>Hursty Lowery</u>			<u>4/12/01</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

