

RETURN ADDRESS



200106120047

Skagit County Auditor

6/12/2001 Page 1 of 2 10:08:48AM

Lynnwood Escrow Corp.
P.O. Box 5857
Lynnwood, WA. 98046
ESC. 200831

STATE OF WASHINGTON
Department of
Licensing

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.

TRAILER/PLATE NUMBER #114079	YEAR 1990	MAKE FLEETWOOD	LENGTH/WIDTH (FEET) 60 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) *# 1A4079 *0RELL48A1114GH	63356
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2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
4463-000-018-0010 (R82964)

LOT 18	BLOCK	PLAT NAME PRAIRIE ESTATES	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER
Alvin R. Kriens

NAME OF ADDITIONAL REGISTERED OWNER
Phyllis R. Kriens

ADDRESS CITY STATE ZIP CODE
4535 Lois Lane Sedro Woolley WA. 98284

NAME OF LEGAL OWNER
Seattle Mortgage

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
229 Queen Anne Ave. N. Seattle WA. 98109

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
Alvin R. Kriens by Klee Gandy

Signature of Additional Registered Owner and Title, IF APPLICABLE
Phyllis R. Kriens by Klee Gandy

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
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State of Washington
County of Snohomish

Signed or attested before me on 2-12-01

OFFICIAL SEAL
PAMELA J. GRUBB
Notary Public - State of Washington
My Commission Expires 2-28-02

by Alvin R. Kriens
PRINTED NAME OF REGISTERED OWNER

Signature Pamela J. Grubb
NOTARY OR AGENT

by Phyllis R. Kriens
PRINTED NAME OF REGISTERED OWNER

Signature Pamela J. Grubb
PRINTED NAME OF NO.

Title Notary AND: County/Office No. OR 3602
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) MARLA HICKOK	TITLE COMPANY / PHONE NUMBER FIRST AMERICAN 424-0115
SIGNATURE / POSITION <i>Marla Hickok - recorder</i>	DATE 6-11-01

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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
SIGNATURE / POSITION		DATE

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 _____

Don Delzell, Vice President

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Inclined</u>	Signed or attested before me on <u>5-9-01</u>
	by <u>SCOTTLE PTC.</u> PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by <u>DON DELZELL</u> PRINT NAME OF LEGAL OWNER	Signature <u>DEE GOOBY</u> PRINTED NAME OF NOTARY
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	County/Office No. OR AND: Dealer No. OR <u>1-11-02</u> Notary Expiration Date	

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

LOT 18, "PLAT OF PRAIRIE ESTATES", AS PER PLAT RECORDED IN VOL. 13 OF PLATS, AT PAGES 844-85. IN RECORDS OF SKAGIT Co., 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) <u>Hursty Lowrey</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Hursty Lowrey</u>	DATE <u>6/11/01</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
if you need special accommodations

