

RETURN ADDRESS

Mr. and Mrs. Jan Eric Opland

3783 Upper Samish Road

Sedro-Woolley, WA 98284



200106180146

Skagit County Auditor

6/18/2001 Page 1 of 2 12:07:13PM

P-96161-E

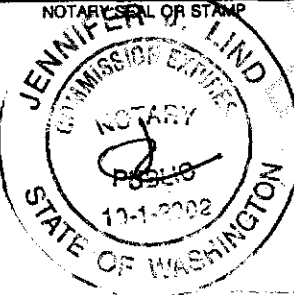
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a 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 Z038664	YEAR 1992	MAKE Skyline Oakspring	LENGTH/WIDTH (FEET) 66 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 32910640EAB	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 360424-0-011-0102/P100487	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE 24-36-4	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Jan Eric Opland					
NAME OF ADDITIONAL REGISTERED OWNER Melodie A. Opland					
ADDRESS 3783 Upper Samish Road		CITY Sedro-Woolley		STATE WA	ZIP CODE 98284
NAME OF LEGAL OWNER CTX Mortgage Company					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 3100 McKinnon Corp. Closing 6th Fl. Dallas,		CITY		STATE TX	ZIP CODE 75201
GRANTEE					
NAME Same as Grantor					
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>Jan Opland</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Melodie A. Opland</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on April 5, 2001	
		by Jan Eric Opland PRINT NAME OF REGISTERED OWNER		Signature <i>Jan Eric Opland</i> NOTARY OR AGENT	
		by Melodie A. Opland PRINT NAME OF REGISTERED OWNER		Signature <i>Melodie A. Opland</i> NOTARY OR AGENT	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		Jennifer J. Lind PRINTED NAME OF NOTARY County/Office No. OR 10/01/02 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) TAWNEE BOSMAN		BLOG PERMIT OFFICE/PHONE # 336 2410		BLDG PERMIT # 24557	
SIGNATURE / POSITION <i>Tawnee Bosman</i>		Support Services		DATE 05/29/01	

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 Carter H Ward, Manager

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>May 15, 2001</u>
	by <u>Carter H. Ward</u> PRINT NAME OF LEGAL OWNER	Signature <u>Jennifer J. Lind</u> NOTARY OR AGENT
	by <u>CTX Mortgage</u> PRINT NAME OF LEGAL OWNER	<u>Jennifer J. Lind</u> PRINTED NAME OF NOTARY
	Title <u>Notary</u> DEALERSHIP POSITION/AGENT/CLERK	AND: County/Office No. OR Dealer No. OR <u>10/01/02</u> Notary Expiration Date

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

The North 140 feet of the West 300 feet of the following described tract:

The Southeast 1/4 of the Southwest 1/4, EXCEPT the West 90.75 feet thereof in Section 24, Township 36 North, Range 4 East, W.M.,

EXCEPTING from the above described premises, that portion lying within the boundaries of the Upper Samish Road.

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	

☐ **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>RODRIGO ANGULO</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-05</u>
SIGNATURE <u>[Signature]</u>	DATE <u>6.18.01</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



200106180146
Skagit County Auditor