

RETURN ADDRESS

ISLAND TITLE

839 SOUTH BURLINGTON BLVD
BURLINGTON WA 98233

BE4220

ISLAND TITLE CO. B16753✓

200106200071
Skagit County Auditor
6/20/2001 Page 1 of 3 12:05:44PMMANUFACTURED 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 2008 YEAR 99 MAKE Palm Harbor LENGTH/WIDTH (FEET) 14 X 36 VEHICLE IDENTIFICATION NUMBER (VIN) PH203599C
PH203599A/PH203599B

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
4619-000-018-0007LOT Lot 18 BLOCK PLAT NAME Elk Run Estates P105070 SECTION/TOWNSHIP/RANGE

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

Fred Crass

NAME OF ADDITIONAL REGISTERED OWNER

Theresa Crass

ADDRESS

603 Shiloh Lane

CITY

Hamilton

STATE

WA

ZIP CODE

98255

NAME OF LEGAL OWNER

Washington Mutual

NAME OF ADDITIONAL LEGAL OWNER

1336 Cornwall Avenue 2nd Floor

Bellingham

WA

98225

ADDRESS

CITY

STATE

ZIP CODE

GRANTEE

NAME

Fred Crass and Theresa Crass

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE

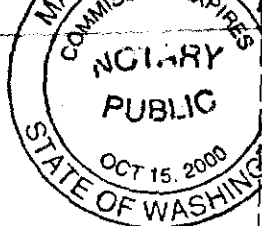
Fred E. Crass

Signature of Additional Registered Owner and Title, IF APPLICABLE

Theresa M. Crass

NOTARY PUBLIC

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SkagitSigned or attested
before me on Oct. 4, 2000

Fred E. Crass

PRINT NAME OF REGISTERED OWNER

Signature Marcie K. Paleck

NOTARY OR AGENT

Theresa M. Crass

PRINT NAME OF REGISTERED OWNER

Marcie K. Paleck

PRINTED NAME OF NOTARY

Title NotaryAND: County/Office No. OR 0/15/00
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.
☐ 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 #

DONALD L. SUTTON826-30270020

SIGNATURE / POSITION

DATE

Donald L. SuttonBldg Official2-14-01

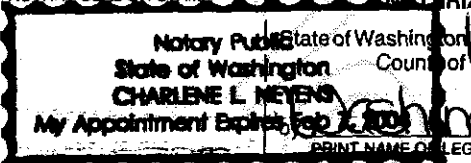
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE Ann Noble, Manager

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

Notary Public State of Washington
County of WhatcomSigned or attested before me on 1-8-01My Appointment Expires Feb 7, 2004

PRINT NAME OF LEGAL OWNER

by Ann Noble, mgr

PRINT NAME OF LEGAL OWNER

Title Notary

DEALERSHIP POSITION/AGENT/NOTARY

Signature

NOTARY OR AGENT

PRINTED NAME OF NOTARY

County/Office No. OR

Dealer No. OR

Notary Expiration Date

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)

Abbreviated Legal Description: Lot 18, Elk Run Estates
See Legal Description Attached hereto and by reference made a part hereof.

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/VFS 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 accommodation



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, Skagit County Auditor

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:

- ☐ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land:

Property Tax Parcel Number _____

Legal Description:

Lot 18, EIK RUN ESTATES, according to the plat thereof recorded in Volume 15 of Plats, page 173, records of Skagit County, Washington, being an amendment of the plat Amendment of the Plat of Max Sutton Estates, according to the plat thereof recorded in Volume 15 of Plats, pages 161 and 162, records of Skagit County, Washington, which is an amendment of the Plat of Max Sutton Estates, according to the plat thereof recorded in Volume 15 of Plats, pages 127 and 128, records of Skagit County, Washington.

Situated in Skagit County, Washington.



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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION: ☐ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
SIGNATURE OF REGISTERED OWNER	DATE
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SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
	State of Washington County of _____ by _____ Printed Name of Applicant Title _____ DEALERSHIP Position/Agent/NOTARY
	Signed or attested before me on _____ Signature _____ Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.