



200107190009  
Skagit County Auditor

7/19/2001 Page 1 of 3 9:50:36AM

RETURN ADDRESS

Lloyd Bray  
26234 Burmaster  
Sedro Woolley WA 98284

**STATE OF WASHINGTON**  
Department of  
**Licensing** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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)  
 TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 REMOVAL FROM REAL PROPERTY  
FIRST AMERICAN TITLE CO.

**1 MANUFACTURED HOME**  
TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) 64095  
9/2 LIBERTY X 09L30763XL

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_  
MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 3706-001-011-001

LOT 11 BLOCK tract # 1 PLAT NAME Pearis's Acreage SECTION/TOWNSHIP/RANGE R 61883

**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  
LLOYD CHARLES BRAY

NAME OF ADDITIONAL REGISTERED OWNER  
26234 BURMASTER

ADDRESS CITY STATE ZIP CODE  
SEDR WOOLLEY WA 98284

NAME OF LEGAL OWNER  
LLOYD CHARLES BRAY

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
26234 BURMASTER SEDRO WOOLLEY WA 98284

**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 *Lloyd C. Bray*

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 SKAGIT Signed or attested before me on 6/29/01  
by LLOYD CHARLES BRAY Signature NOTARY OR AGENT  
by PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY  
Title AND: County/Office No. OR 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 # 336-9410 BLDG PERMIT #  
TAWNEE BOSMAN SKAGIT COUNTY PERMIT CENTER 96-0048

SIGNATURE / POSITION DATE  
*Tawnee Bosman* Support Services 07/02/01

**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 Lloyd E Gray

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

NOTARY SEAL OR STAMP: SARAH JOHNSON, COMMISSION EXPIRES 8-21-03, NOTARY PUBLIC, STATE OF WASHINGTON

State of Washington SKAGIT Signed or attested before me on 6/22/01  
 County of \_\_\_\_\_

PRINT NAME OF LEGAL OWNER LLOYD E GRAY Signature [Signature]  
 PRINT NAME OF LEGAL OWNER \_\_\_\_\_ NOTARY OR AGENT SARAH JOHNSON

Title \_\_\_\_\_ AND: County/Office No. OR \_\_\_\_\_  
 DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date 8/21/03

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

Lot 11  
Tract 1  
Beaver's acreage Tracts 1 + 2  
17-20-21-22 + 28; 50N; 5E

**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>SKAGIT 2901-05</u>
SIGNATURE <u>[Signature]</u>	DATE <u>07-19-01</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  
 If you need special accommodation



The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

Lot 11, Tract No. 1, "PEAVEY'S ACREAGE, TRACTS NO. 1 AND 2, SECTIONS 17, 20, 21, 22 AND 28, TOWNSHIP 35 NORTH, RANGE 5 EAST", according to the plat recorded in Volume 3 of Plats, page 37, records of Skagit County, Washington.



200107190009

, Skagit County Auditor

7/19/2001 Page

3 of 3

9:50:36AM

UNOFFICIAL DOCUMENT