

RETURN ADDRESS



200107300184

, Skagit County Auditor

7/30/2001 Page 1 of 2 12:08:14PM

ISLAND TITLE CO. B15804 ✓

	<b>MANUFACTURED HOME APPLICATION</b>	<b>PLEASE CHECK ONE</b>
	<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)

<b>1 MANUFACTURED HOME</b>				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2000	Liberty	66 X39.9	09L34064XTU
<b>2 LAND</b>				
LEGAL DESCRIPTION ON PAGE _____				
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				
REAL PROPERTY TAX PARCEL NUMBER 4747-000-006-0000				
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE	
6		Willard Estates		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>				
ADDITIONAL NAMES ON PAGE _____				
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
	2		1	
NAME OF REGISTERED OWNER SEAN J. DUFFY				
NAME OF ADDITIONAL REGISTERED OWNER DARCY K. DUFFY				
ADDRESS				
39795 WILLARD LANE				
CITY				
CONCRETE				
STATE				
WA				
ZIP CODE				
98237				
NAME OF LEGAL OWNER				
INTERWEST BANK				
NAME OF ADDITIONAL LEGAL OWNER				
ADDRESS				
P.O. BOX 1649				
CITY				
Oak Harbor				
STATE				
WA				
ZIP CODE				
98277				
<b>GRANTEE</b>				
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 05/31/00Sean J. Duffy  
Darcy K. Duffy  
PRINT NAME OF REGISTERED OWNERSignature Marcie K. Paleck  
NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER

Marcie K. Paleck  
PRINTED NAME OF NOTARY

Title Notary Public

AND: County/Office No. OR 10/15/00  
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 # 334 9410

BLDG PERMIT #

SIGNATURE / POSITION

TANNEE BOESMAN 31 AGIT COUNTY PERMIT CENTER  
Tannee Boesman Support Services

BP000 0548

DATE

07/24/01

<b>6 SIGNATURE OF LEGAL OWNER</b>					
<b>SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.</b>					
Signature of Legal Owner and Title, IF APPLICABLE <u>[Signature]</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
<b>LORRAINE M. BOUZA</b> STATE OF WASHINGTON NOTARY --- PUBLIC MY COMMISSION EXPIRES 4-22-01		State of Washington County of <u>ISLAND</u>		Signed or attested before me on <u>06-05-00</u>	
		by <u>BRIAN KIMBALL</u>		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		<u>LORRAINE M. BOUZA</u>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
Title <u>NOTARY</u>		AND: County/Office No. OR Dealer No. OR <u>04-22-01</u>		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 6, WILLARD ESTATES, according to the plat thereof, recorded December 23, 1999, under Auditor's File No. 199912230062, records of Skagit County, Washington. Situated in Skagit County, Washington.					
<b>8 DEALER'S REPORT OF SALE</b>					
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	
<u>Valley Home Center</u>		<u>4117</u>		<u>5-10-00</u>	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>65700-</u>	<u>7.8%</u>	<u>[Signature]</u>			
<input type="checkbox"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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/VES OPERATOR NUMBER			
<u>PEGGY A. RIEDELL</u>		<u>29-01-04</u>			
SIGNATURE		DATE			
<u>[Signature]</u>		<u>7/30/01</u>			
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>APPLICANTS:</b> 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.</p> </div> <p>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.</p>					

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accomm



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