

RETURN ADDRESS

Mr. and Mrs. John A. Companion

13640 Bay View Road

Mount Vernon, WA 98273



200109260012
Skagit County Auditor

9/26/2001 Page 1 of 2 8:53:17AM

P-97799-E

	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 &157911	YEAR 2000	MAKE WESTW	LENGTH/WIDTH(FEET) 70 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 17711460

2 LAND		LEGAL DESCRIPTION ON PAGE _____
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 340305-1-008-0004/P21110
LOT Gov't Lot 2	BLOCK _____	SECTION/TOWNSHIP/RANGE 5-34-3

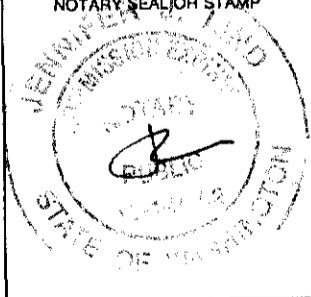
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		ADDITIONAL NAMES ON PAGE _____
COUNTY NUMBER _____	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1

NAME OF REGISTERED OWNER John A. Companion			
NAME OF ADDITIONAL REGISTERED OWNER Bonnie J. Companion			
ADDRESS 13640 Bayview Road	CITY Mount Vernon	STATE WA	ZIP CODE 98273
NAME OF LEGAL OWNER Horizon Bank			
NAME OF ADDITIONAL LEGAL OWNER _____			
ADDRESS P.O. Box 580/1500 Cornwall Avenue	CITY Bellingham	STATE WA	ZIP CODE 98227

GRANTEE
NAME Same as Grantee

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

Signature of Registered Owner and Title, IF APPLICABLE *John A. Companion*
 Signature of Additional Registered Owner and Title, IF APPLICABLE *Bonnie J. Companion*



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
State of Washington County of Skagit	Signed or attested before me on Aug 9, 2001
by John A. Companion PRINT NAME OF REGISTERED OWNER	Signature <u><i>John A. Companion</i></u> NOTARY OR AGENT
by Bonnie J. Companion PRINT NAME OF REGISTERED OWNER	Jennifer J. Lind PRINTED NAME OF NOTARY
Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: 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) TANNEE BOOMAN	BLDG PERMIT OFFICE/PHONE # 336 9410
SIGNATURE / POSITION <u><i>Tannee Booman</i></u>	BLDG PERMIT # 99-1456
	DATE 09/24/01

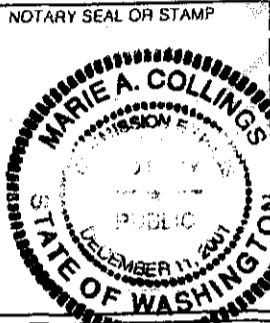
6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE

John Closen Horizon Bank

Signature of Additional Legal Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Whatcom

Signed or attested before me on 8-10-01

HORIZON BANK

Signature Marie A Collings
NOTARY AGENT

PRINT NAME OF LEGAL OWNER

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR 12-11-01
Notary Expiration Date

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

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>Rodriguez Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-05</u>
SIGNATURE <i>[Signature]</i>	DATE <u>9.26.01</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 opportunity.
If you need special accom

