



200110150003

, Skagit County Auditor

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RETURN ADDRESS

Mr. Randell K. Barnes

16613 Ovenell Road

Mount Vernon, WA 98273

P-97359-E

MANUFACTURED 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
+93162	1987	MAYED	60 X 28	54910318W

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
340402-4-002-1706/P21063

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			2-34-3

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	1

NAME OF REGISTERED OWNER
Randell K. Barnes

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
16613 Ovenell Road	Mount Vernon	WA	98273

NAME OF LEGAL OWNER
Shasta Financial Services

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
169 Hartnell Avenue, 2nd Floor	Reading	CA	96002

GRANTEE

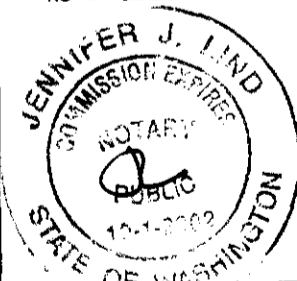
NAME
Same as Grantee

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 July 18, 2001by Randell K. Barnes
PRINT NAME OF REGISTERED OWNER

Signature

NOTARY OR AGENT

by
PRINT NAME OF REGISTERED OWNER

Jennifer J. Lind

PRINTED NAME OF NOTARY

Title
DEALERSHIP POSITION/AGENT/NOTARYAND: 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: ☐ 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 GOSMAN SKAGIT COUNTY PERMIT CENTER 17751

SIGNATURE / POSITION

DATE

Tawnee Gosman Support Services 10/12/01

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 David Robertson

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of Washington California
County of ShastaSigned or attested
before me on 9-24-01by DAVID ROBERTSONSignature [Signature]

NOTARY OR AGENT

BRIAN STEVENS

COMMISSION NO. 1274347

NOTARY PUBLIC - CALIFORNIA

SHASTA COUNTY

MY COMMISSION EXPIRES

AUGUST 18, 2004

PRINT NAME OF LEGAL OWNER

PRINT NAME OF LEGAL OWNER

DEALERSHIP POSITION/AGENT/NOTARY

PRINTED NAME OF NOTARY

County/Office No. OR
Dealer No. OR 8-18-04
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)

COUNTY OFFICE/VFS OPERATOR NUMBER

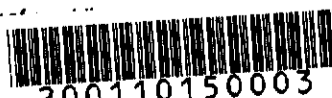
SIGNATURE PEARY A. RIEDELL-GRAHAM29-01-04DATE 10/15/01**10 TITLE FEES**

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 national
If you need special accommodation

DESCRIPTION:

Tract "D" of Skagit County Short Plat No. 3-86, approved February 14, 1986, recorded February 18, 1986, in Volume 7 of Short Plats, page 72, under Auditor's File No. 8602180003, records of Skagit County, Washington; being a portion of the South $\frac{1}{2}$ of the Southeast $\frac{1}{4}$ of Section 2, Township 34 North, Range 3 East, W.M.

Situate in the County of Skagit, State of Washington.



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