, Skagit County Auditor 10/18/2001 Page RETURN ADDRESS MANUFACTURED HOME CONSULTANTS, INC. 1 of 2 1:00:19PM 1557 Country Club Drive Camano Island, WA 98282 PLEASE CHECK ONE STATE OF WASHINGTON
Department of MANUFACTURED HOME TITLE ELIMINATION **APPLICATION** ☐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) MANUFACTURED HOME TPO / PLATE NUMBER VEHICLE DENTIFICATION NUMBER (VIN) LENGTHWIDTH(FEET) <sup>4</sup>2000 ΥςκτΩine 2 LAND **LEGAL DESCRIPTION ON PAGE** MANUFACTURED HOME WILL BE AFFIXED REMOVED PLAT NAME WILLARD ESTATES ADDITIONAL NAMES ON PAGE 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS COUNTY NUMBER NAME OF REGISTERED OWNER Lloyd Bradshaw NAME OF ADDITIONAL REGISTERED OWNER
June Bradshaw Concrete STATE 2000E WΑ 39859 Willard Lane NAME OF LEGAL OWNER
Golf Savings Bank NAME OF ADDITIONAL LEGAL OWNER STATE ZIP CODE ADDRESS 6505 218th Street SWm Mountlake Terrace, WA 98043 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: POAYOR Becow Signature of Registered Owner and Title, IF APPLICABLE O ALYMINA 4 Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signature Dealer No. OR 4-03
Notary Expiration Date AND: ON/AGENT/NOTARY 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 Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION

☐ 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. BLDG PERMIT OFFICE/PHONE # 336 9410

Support Services

SLAGIT COUNTY PERMIT COUTER

BLDG PERMIT #

8PDD 0200

10/04/01

I certify that:

SIGNATURE / POSITION

NAME (TYPED OR PRINTED)

JAMINEE BOSH

SIGNATURE	OF LEGAL OWNE	R			
SIGNATURE OF	LEGAL OWNER II	NDICATES CONSENT FO	BELIMINATION OF TH	TLE / REMOVAL F	ROM REAL PROPERTY.
Signat	ure of Legal Owner	and Title, IF APPLICABLE	Jon Lines	ing, SENIO	RUCKPLESING
Signature of Addi	tional Legal Owner	and Title, IF APPLICABLE	***************************************		
NOTARY SEAL	OR STAMP	NOTARIZATION	CERTIFICATION FOR	LEGAL OWNER(S	SIGNATURE
	PAO Sta	ite of Washington County of	Showsh	Signed or attested before me or	
E S HOT	ARY TES	TOH SAVINAS E	sign by sig	nature HIA	HAPL
No Pu	by by	Nancy Po	ntaine the	NTED NAME OF NOTAR	apke
OF OF	Title	e		County/Of AND: De	fice No. OR 6-9-03 aler No. OR
A LAND DESCI	PIPTION (A local o	lescription of the land ca			
LAND DESCR	AIPTION (A legal o	iescription of the land ca	a be obtained nom the	local County Ass	iessoi s Oliko
		file No. 19991 t County, State		•	
/	REPORT OF SALE		<u> </u>		
		TION IS CORRECT. THE V AS BEEN COLLECTED.	VEHICLE IS CLEAR OF	ENCUMBRANCE	S EXCEPT AS SHOWN.
EALER NAME (TYPE		· - 7	WA DEA	LER NUMBER	DATE OF SALE
COAC	H CORR	AC LNC	AUTHORIZED SIGNATURE	278	4-14-00
urchase price 67775		0.8 DECLERS	inda m	Elbour	$\sim$
		a Certified Tribal member	on the reservation (attac	h notarized stateme	ent of delivery).
		ENSING OFFICE APPRO			
certify that the ab		ears to have been completed	l correctly, and the applic	anthas sufficient do	cumentation to proceed wit
AME (TYPED OR PE	/ <u>41:</u> 1 ノ・ -	-11 Conti		Y OFFICENES OPERAT	OR NUMBER
+ B994	THISTIED	ELLSKHH	AM c	<u> </u>	DATE A
LEGOLY	Ried	ell Stohan	u		10/18/01
O TITLE FEES	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
IMPORTA	Licensing Retain pr	application has been a office, take your appli oof of the recording fee inal application form, of	ication form to the Cos es paid. If the Record	ounty Recording ding Office retain	Office.
A	•	Once recorded, you mu Manufactured Home Ap icensing subagents cha	plication, paying all		
For fu	ull instructions or ansfer in Locatio	n completing this form f n, see form TD-420-73	or Title Elimination, f 0, Manufactured Hor	Removal from Re	eal Property estructions.

The Department of Licensing has a policy of providing equal access from need special accommodation

10/18/2001 Page

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

200110180062 , skagit County Auditor

2 of 2

1:00:19PM