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TETURN ADDRESS			1 1 0 1 0 0 8 9 County Auditor
Raymond Acheson	·	11/1/2001 Page	1 of 2 11:57:58AM
Iorie L. Acheson			· ······ ······ ····· ····· ····· ······
20779 W. Jordan Roa	d		
Burlington, WA 98	233		
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Р-97893-Е		LAND TITLE COMPANY OF SKASIT	רדאניס:
STATE OF WASHINGTON Department of LICENSING Anyone who knowingly makes	MANUFACTURED APPLICATIO s a false statement of a material fact is on may be punished by a fine, imprise		IN LOCATION FROM REAL PROPERTY
MANUFACTURED HOME			
TPO / PLATE NUMBER YEAR	MARE LENGTH/WIDTH/FEE	· .	BER (VIN)
E/70/75 2000 SKYLINE 49 X 42		6791-0419M	
		3585 5-0500-002-0	
MANUFACTURED HOME WIL			NTOWNSHIPIRANGE
Ptn Tr 2	Burlington Acreag	e 28-	35-4
3 GRANTOR(S) REGISTER	ED/LEGALOWNER(S) AD	DITIONAL NAMES ON PAG	
COUNTY NUMBER	2		1
NAME OF REGISTERED OWNER Raymond P. Acheson		<u>. </u>	
NAME OF ADDITIONAL REGISTERED O		·	
Torie L. Acheson			
ADDRESS 20779 W. Jordan Ro	ad Burlingto		00000
NAME OF LEGAL OWNER	emmettm		
NAME OF ADDITIONAL LEGAL OWNER			
· · · · · · · · · · · · · · · · · · ·			
ADDRESS P.O. Box 5010	city Lynnwood	WARDER WARD	ATE ZIP CODE 98046
GRANTEE			
NAME			
VEHICLE AND THIS INFORMA Signature of Register	red Owner and Title, IF APPLICABLE -R	aymond P. Acheson	De Da a Craad
Signature of Additional Register	ed Owner and Title, IF APPLICABLE		
	State of Washington	Signed or atte	hot
real contraction is		+	8-15-3001
	County ofSkagit	before m	on 8-15-2001
	County of Skagit	Signature Uni	The Claue
	County of <u>Skagit</u> by <u>Raymond P. Acheson</u> PRINT NAME OF REGISTERED OWNER by Torie L. Acheson		a She Claue
	by Raymond P. Acheson PRINT NAME OF REGISTERED OWNER by Torie L. Acheson PRINT NAME OF REGISTERED OWNER	Signature Notary Notary Nancy Lea PRINTED NAME OF NO	A SENT Cleave
	County of <u>Skagit</u> by <u>Raymond P. Acheson</u> PRINT NAME OF REGISTERED OWNER by Torie L. Acheson	Signature Notary Notary Nancy Lea PRINTED NAME OF NO COUNT	A AGENT Cleave
4 TITLE COMPANY CERTIFIC	County of <u>Skagit</u> by <u>Raymond P. Acheson</u> PRINT NAME OF REGISTERED OWNER by <u>Torie L. Acheson</u> PRINT NAME OF REGISTERED OWNER Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY CATION	Signature Notary Notary Nancy Lea PRINTED NAME OF No Count AND: Notary	A SENT Cleave MASENT Cleave MARY MOTICE NO. OR 9-1-02 Expiration Date
certify that the legal description	County of <u>Skagit</u> by <u>Raymond P. Acheson</u> PRINT NAME OF REGISTERED OWNER by <u>Torie L. Acheson</u> PRINT NAME OF REGISTERED OWNER Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY CATION of the land and ownership is true and co	Signature Notary Notary Nancy Lea PRINTED NAME OF No Count AND: Notary	A SENT Cleave MASENT Cleave MARY MOTICE NO. OR 9-1-02 Expiration Date
I certify that the legal description NAME (TYPED OR PRINTED) Land Title Compan	County of <u>Skagit</u> by <u>Raymond P. Acheson</u> PRINT NAME OF REGISTERED OWNER by <u>Torie L. Acheson</u> PRINT NAME OF REGISTERED OWNER Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY CATION of the land and ownership is true and co	Signature NOTARY NotARY Nancy Lea PRINTED NAME OF NO COUNT AND: Notary	A SENT Cleave MASENT Cleave MARY Wolfice No. OR Dealer No. OR Expiration Date
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Certify that the legal description NAME (TYPED OR PRINTED) Land Title Company SIGNATURE! POSITION Finalize this application with a 5 AULDING PERMITOFFICE I certify that:	County of <u>Skagit</u> by <u>Raymond P. Acheson</u> <u>PRINT NAME OF REGISTERED OWNER</u> by <u>Torie L. Acheson</u> <u>PRINT NAME OF REGISTERED OWNER</u> Title <u>Notary</u> <u>DEALERSHIP POSITION/AGENT/NOTARY</u> CATION of the land and ownership is true and co to the land and ownership is true and co The skagit County <u>Cation</u> <u>Cation</u> <u>The skagit County</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Notary</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u> <u>Cation</u>	Signature NOTARY NOTARY Nancy Lea PRINTED NAME OF NO COURT AND: Notary rrect per the real property reco TLE COMPANY / PHONE NUMBER 360-707-2312 ays of the date Title Compar eal property as described. e and the attachment will be in	A Cleave A ASENT Cleave TABY //Office No. OR Dealer No. OR Spiration Date DATE 8-15-2001 y Representative signs.
Certify that the legal description NAME (TYPED OR PRINTED) Land Title Company SIGNATURE) POSITION Finally this application with a SIGNATURE DISTRICT FINALLY THE DISTRICT	County of Skagit by Raymond P. Acheson PRINT NAME OF REGISTERED OWNER by Torie L. Acheson PRINT NAME OF REGISTERED OWNER Trite Notary DEALERSHIP POSITION/AGENT/NOTARY CATION of the land and ownership is true and co The skagit County CATION CATION of Skagit County Cation LPO Licensing Agent within 10 calendar of CERTIFICATION Sufficient of the spurpos BLDG PERMIT OFFICE/PR	Signature NOTARY NOTARY Nancy Lea PRINTED NAME OF NO COURT AND: Notary rrect per the real property reco TLE COMPANY / PHONE NUMBER 360-707-2312 ays of the date Title Compar eal property as described. e and the attachment will be in	ASENT Cleave MASENT Cleave MARY MOtice No. OR Dealer No. OR Dealer No. OR Sector 2001 MARY MOTICE No. OR 9-1-02 Expiration Date MATE 8-15-2001 Y Representative signs.

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TD-420-729 MANUF HOME APPL (R/8/98)OR Page 1 of 2

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6 SIGNATURE OF LEGAL C	WNER	<u></u>	<u> </u>
	NER INDICATES CONSENT FOR ELIMINA	TION OF TITLE / REMOVAL FRO	M REAL PROPERTY.
Signature of Local O		1 martin Branch H	II imme
			0
Signature of Additional Legal O NOTARY SEAL OR STAMP	wnerand Title, IF APPLICABLE		
	Otota atilia abiantan	TION FOR LEGAL OWNER(S) SI Signed or attested	
	County ofSkagit	before me on	10-31-01
T. SOTARI	by Diane L. Martin	Signature Mun	The Clam
	PRINT NAME OF LEGAL OWNER	NOTARY OF AGEN	
T. S. B. C. S.	by PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY	ea Cleave
	Title Notary	County/Office	No. OR No. OR 9-1-02
N A TANK STREET	DEALERSHIP POSITION/AGENT/NOTARY	Notary Expirati	on Date
	egal description of the land can be obtain		
Lot 2, "REPLAT OF	A PORTION OF TRACT 2, BUR	LINGTON ACREAGE", as	per
Washington.	Volume 15 of Plats, page 6	2, records of Skagit	County,
TOGETHER WITH a no	on-exclusive easement for	access, egress and u	tilities
over, under and a	cross the North $1,50$ feet c	f the East 20 feet o	f Tract 3
UI BALU FIAC OF BI	urlington Acreage Property	1. 	
Situate in the Con	unty of Skagit, State of h	lashington.	
8 DEALER'S REPORT OF S	SALE		
	DRMATION IS CORRECT. THE VEHICLE IS AX HAS BEEN COLLECTED.	CLEAR OF ENCUMBRANCES E	KCEPT AS SHOWN.
DEALER NAME (TYPED OR PRINTED)			TE OF SALE
PURCHASE PRICE TAX	JURISDICTION/TAX RATE		
	Sale to a Certified Tribal member on the reser		f delivery).
	IT LICENSING OFFICE APPROVAL: (Not		
I certify that the above application the recording of this form.	n appears to have been completed correctly, a	na une applicant nas sufficient docum	entation to proceed with
NAME (TYPE) OR PRINTED)	21111119	COUNTY OFFICEALES OPERATOR N	IUMBER
SIGNATORE			
K XOIN	1 Mills 21017	7 1	t 0
10 TITLE FEES			SUBAGENT FEES
			TOTAL FEES & TAX
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		y the County Auditor / Vehicle	and the second states and the second s
IMPORTANT: Once	e the application has been approved b		i se
Lice	nsing Office, take your application forr	n to the County Recording Off	
Lice Reta		n to the County Recording Off the Recording Office retains	
Lice Reta your	nsing Office, take your application forr ain proof of the recording fees paid. If r original application form, obtain a cer	n to the County Recording Off the Recording Office retains tified copy of the recorded form	n.
Lice Reta	nsing Office, take your application form ain proof of the recording fees paid. If r original application form, obtain a cer S: Once recorded, you must return to Manufactured Home Application, p	n to the County Recording Off the Recording Office retains tified copy of the recorded forr to a Vehicle Licensing office to baying all required fees. Vehic	n. file the
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