



200111260239

Skagit County Auditor

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RETURN ADDRESS

Carol L Van Leeuwen
16920 Allen West Rd
Bow wa 98232

STATE OF WASHINGTON Department of LICENSING MANUFACTURED HOME APPLICATION PLEASE CHECK ONE

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
TRAILER PLATE NUMBER: 8209252 YEAR: 1989 MAKE: SKYLE LENGTH WIDTH (FEET): 56 X 28 VEHICLE IDENTIFICATION NUMBER (VIN): 34910696Y

2 LAND LEGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE: [X] AFFIXED [] REMOVED REAL PROPERTY PARCEL NUMBER: P34337
LOT: BLOCK: PLAT NAME: SECTION/TOWNSHIP/RANGE: 14 35 3

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

NAME OF REGISTERED OWNER: Carol L Van Leeuwen
NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS: 16920 Allen West Rd Bow wa 98232
NAME OF LEGAL OWNER: Carol L Van Leeuwen
NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 16920 Allen West Rd Bow wa 98232
GRANTEE 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: Carol L Van Leeuwen

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
Notary Seal: ELIZABETH A. WILLIAMS, COMMISSION EXPIRES AUGUST 15, 2005, STATE OF WASHINGTON
State of Washington County of Skagit Signed or attested before me on November 26, 2001
by Carol L. Vanleeuwen Signature: Elizabeth A. Williams
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
by PRINT NAME OF REGISTERED OWNER
Title: Notary PRINTED NAME OF NOTARY
County/Office No. OR Dealer No. OR 8-15-05
AND: 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.

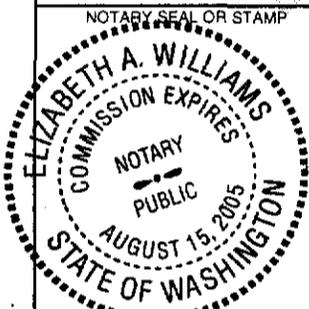
5 BUILDING PERMIT OFFICE CERTIFICATION
I certify that: [] the manufactured home has been affixed to the real property as described. [X] a building permit has been issued for this purpose and the attachment will be inspected upon completion.
NAME (TYPED OR PRINTED): TISH CAMPBELL BLDG PERMIT OFFICE/PHONE #: SKAGIT COUNTY PERMIT CENTER 602-336-9410 BLDG PERMIT #: BPO1-0636
SIGNATURE/POSITION: Tish Campbell, Support Services Tech DATE: 11/26/01

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 Carol K VanLeeuwen

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington Skagit County of Skagit Signed or attested before me on November 26, 2001
by Carol K. VanLeeuwen Signature Elizabeth A. Williams
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
by _____ PRINTED NAME OF NOTARY
Title Notary County/Office No. OR Dealer No. OR 8-15-05
DEALERSHIP POSITION/AGENT/NOTARY 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	
<input type="checkbox"/> 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>Rodrigo Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-05</u>
SIGNATURE <u>[Signature]</u>	DATE <u>11/26/01</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 access to its services. If you need special accommodations



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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number P34268

Legal Description:

Legal Description: TAX 1 DK 25 DR 25; THE WEST 140 FEET OF A TRACT OF LAND IN THE SE1/4 SE1/4 OF SEC 14, TWP 35, RNG 3 DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE WEST RIGHT OF WAY LINE OF THE PACIFIC NORTHWEST TRACTION COMPANY, AT A POINT 220 FEET NORTH OF THE SOUTH LINE OF SAID SE1/4 SE1/4; THENCE WEST TO A POINT 340 FEET WEST OF THE EAST LINE OF SAID SE1/4 SE1/4; THENCE NORTH TO THE SAMISH RIVER; THENCE EAS



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PRINTED NAME OF NOTARY	COUNTY	COMMISSION EXPIRES	COUNTY	VOLUME	PAGE	DATE
X	day of _____, 19____	_____	_____	_____	_____	_____
NOTARY OR LICENSE AGENT # NO.	Subscribed to and Sworn to before me this _____ day of _____, 19____					
_____	RECORDING NUMBER _____					

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 of up to \$5,000 and/or up to 10 years imprisonment (RCW 46.12.210). I do solemnly attest under penalty of perjury law that I/We are the registered owners of this vehicle and this information is accurate:

Registered Owners Signature(s): _____
Date _____

Signature of Legal Owner indicates consent for elimination of title:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Registered Owners Printed Name(s): _____
Property Tax Parcel Number: _____
Washington Client "NUMBER" _____

Check type of application:
 Title Elimination
 Removal From Real Property
 Transfer in Location

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.