



200112050106  
Skagit County Auditor

12/5/2001 Page 1 of 2 3:24PM

RETURN ADDRESS

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\_\_\_\_\_  
\_\_\_\_\_

**STATE OF WASHINGTON**  
Department of  
**Licensing**

**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**

TPC / PLATE NUMBER YEAR MAKE LENGTH/WIDTH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN)  
E 80022 89 Broom 60x 14 ORFLJ48A08668BM

**2 LAND**

LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
340429-3-001-0204/P28634

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE  
see page 2 30-77 29-34-4

**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  
Schultz, Kim L

NAME OF ADDITIONAL REGISTERED OWNER \_\_\_\_\_

ADDRESS CITY STATE ZIP CODE  
PO Box 2532 Mt Vernon WA 98273

NAME OF LEGAL OWNER  
Same as above

NAME OF ADDITIONAL LEGAL OWNER \_\_\_\_\_

ADDRESS CITY STATE ZIP CODE

**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 *[Signature]*

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 Skagit Signed or attested before me on 12/5/01  
by Kim L Schultz Signature *[Signature]*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT  
by \_\_\_\_\_ PRINTED NAME OF NOTARY  
Title \_\_\_\_\_ AND: County/Office No. OR 2901-21  
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 # BLDG PERMIT #  
TISH CAMPBELL SKAGIT COUNTY PERMIT CENTER 360/336-9410 19762

SIGNATURE / POSITION DATE  
Tish Campbell Permit Processing Dept. 12/05/01

**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 *[Signature]*  
 Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>12/5/01</u>
	by <u>Kim L Schultz</u> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>2901-2</u> Notary Expiration Date
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: _____

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

Ptn NE 1/4 SW 1/4 AKATR B SP # 30-77

**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>Karrie Willis</u>	COUNTY OFFICE/VLS OPERATOR NUMBER <u>2901-2</u>
SIGNATURE <i>[Signature]</i>	DATE <u>12/5/01</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  
 If you need special accomm



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