200112060048
Skagit County Auditor
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RETURN ADDRESS
SAHABRA T TIPTON
22412 Grip Rd
Sedro Woolley WA 98284
B-66025

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [x] 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) B66025

1 MANUFACTURED HOME
FIRST AMERICAN TITLE CO.

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
$65172	1979	KOZY	14 X 66	SD2307A

2 LAND
LEGAL DESCRIPTION ON PAGE ____

MANUFACTURED HOME WILL BE [x] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 350402-0-001-0309

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			2-35-4 x GOVT LT 1

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
SAHABRA T. TIPTON, FORMERLY OF RECORD SAHABRA T. WILLIAMS

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
22412 Grip Rd.	Sedro Woolley,	Wa.	98284

NAME OF LEGAL OWNER
SAHABRA T. TIPTON, FORMERLY OF RECORD SAHABRA T. WILLIAMS

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
22412 Grip Rd.	Sedro Woolley,	Wa.	98284

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 Sahabra T. Tipton

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 9-19-01

by SAHABRA T TIPTON
PRINT NAME OF REGISTERED OWNER

Signature
NOTARY OR AGENT

by ____
PRINT NAME OF REGISTERED OWNER

SHAWN G TOMSON
PRINTED NAME OF NOTARY

Title ____
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 2/4/03

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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
TAMMIE BERMAN	SKAGIT COUNTY PERMIT 336-9410	15054

SIGNATURE / POSITION		DATE
Tammie Berman	Support Services	09/25/01

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 Sahara T. Tipton

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

SARAH G. JOHNSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 3-21-03

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of SKAGIT

Signed or attested before me on 12-6-01

by SHAHARA T TIPTON
PRINT NAME OF LEGAL OWNER

Signature
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. **OR** Dealer No. **OR** Notary Expiration Date 9/21/03

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
Kristy Lowery	290108
SIGNATURE	**DATE**
Kristy Lowery	12/6/01

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 ha... a policy of providing equal access to its services.
If you need special accommoc...

Commitment No. **B66025**

Schedule "C"

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

Tract 3, Short Plat No. 21-83, approved May 31, 1983, and recorded in Volume 6 of Short Plats, Page 64, under Auditor's File No. 8305310018. (Being a portion of the East 1/2 of Government Lot 1, Section 2, Township 35 North, Range 4 East, W.M.)

TOGETHER WITH an easement for ingress, egress and utilities over the South 20 feet of Lot 2, and the North 20 feet of Lot 1, as delineated on the face of said Short Plat.

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