

RETURN ADDRESS

SAHABRA T TIPTON

22412 Grip Rd

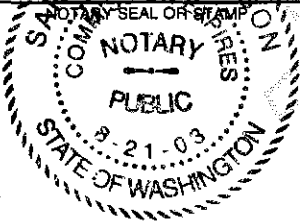
Sedro Woolley WA 98284
B-66025200112060048
Skagit County Auditor

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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)				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME		FIRST AMERICAN TITLE CO.			
TPD / PLATE NUMBER \$65172	YEAR 1979	MAKE KOZY	LENGTH/WIDTH(FEET) 14 X 66	VEHICLE IDENTIFICATION NUMBER (VIN) SD2307A	
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE ☒ 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 29	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1			
NAME OF REGISTERED OWNER SAHABRA T. TIPTON, FORMERLY OF RECORD SAHABRA T. WILLIAMS					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS 22412 Grip Rd.		CITY Sedro Woolley,	STATE Wa.	ZIP CODE 98284	
NAME OF LEGAL OWNER SAHABRA T. TIPTON, FORMERLY OF RECORD SAHABRA T. WILLIAMS					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 22412 Grip Rd.		CITY Sedro Woolley,	STATE Wa.	ZIP CODE 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 9-17-01			
by SAHABRA T TIPTON PRINT NAME OF REGISTERED OWNER		Signature [Signature] NOTARY OR AGENT			
by PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY SHAH G DODD			
Title DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 8/10/03			
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. ☒ a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) TANNEE BOHMAN		BLDG PERMIT OFFICE/PHONE # 336 9410		BLDG PERMIT # 15054	
SIGNATURE / POSITION Tannee Bohman		DATE 09/25/01		Support Services	

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 Sahabra T. Tipton
Signature of Additional Legal Owner and Title, IF APPLICABLE _____**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SKAGIT
Signed or attested before me on 9/19/01
by SAHABRA T TIPTON Signature [Signature]
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
by _____
PRINT NAME OF LEGAL OWNER
PRINTED NAME OF NOTARY
Title _____ AND: County/Office No. OR
DEALERSHIP POSITION/AGENT/NOTARY 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) Hursty Lowery COUNTY OFFICE/VFS OPERATOR NUMBER 290108
SIGNATURE Hursty Lowery DATE 12/70/01**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 has
If you need special accommodations200112060048
Skagit County Auditor

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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