

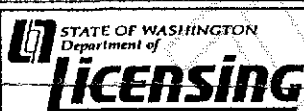
## RETURN ADDRESS

Mr. Terry M. Silk

26693 Paramount Lane

Sedro-Woolley, WA 98284

S-93760-E

200112170140  
Skagit County Auditor  
12/17/2001 Page 1 of 2 11:54AMMANUFACTURED 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

IPO / PLATE NUMBER <b>7139192</b>	YEAR <b>1996</b>	MAKE <b>Skyline</b>	LENGTH/WIDTH(FEET) <b>66 X 28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>2G9109211AB</b>
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## 2 LAND

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

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
**350533-4-009-0500/P96017**

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE <b>33-35-5</b>
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## 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS <b>1</b>	NUMBER OF LEGAL OWNERS <b>1</b>
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NAME OF REGISTERED OWNER

Terry M. Silk

NAME OF ADDITIONAL REGISTERED OWNER

Susan Silk

ADDRESS

26693 Paramount Lane

CITY

Sedro-Woolley,

STATE

WA

ZIP CODE

98284

NAME OF LEGAL OWNER

Interwest Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

P.O. Box 1649

CITY

Oak Harbor

STATE

WA

ZIP CODE

98277

## GRANTEE

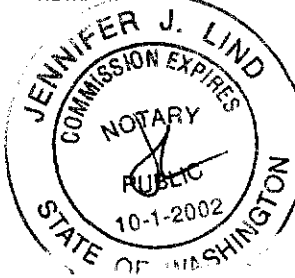
NAME

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 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 **7-27-00**by **Terry M. Silk**  
PRINT NAME OF REGISTERED OWNER

Signature

by **Susan Silk**  
PRINT NAME OF REGISTERED OWNERNOTARY OR AGENT  
**Jennifer J. Lind**  
PRINTED NAME OF NOTARYTitle **Notary**  
DEALERSHIP POSITION/AGENT/NOTARYAND: County Office No. OR **10/01/02**  
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)

BLOG PERMIT OFFICE/PHONE #

BLOG PERMIT #

**TAWANNE BOSMAN****SKAGIT COUNTY PERMIT CENTER****336-9410****96-0220**

SIGNATURE / POSITION

DATE

**Support Services****09/15/00**

**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 Leah Lindquist-Hart-Cover

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

NOTARY SEAL OR STAMP

LORRAINE M. BOUZA  
STATE OF WASHINGTON  
NOTARY --- PUBLIC  
MY COMMISSION EXPIRES 4-22-01**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington  
County of ISLANDSigned or attested  
before me on 9-7-00by LEAH LINDQUIST  
PRINT NAME OF LEGAL OWNERSignature Lorraine M Bouza  
NOTARY OR AGENTby \_\_\_\_\_  
PRINT NAME OF LEGAL OWNERLORRAINE M. BOUZA  
PRINTED NAME OF NOTARYTitle NOTARY  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR 04-22-01  
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 2, Skagit County Short Plat No. 91-08, approved April 9, 1991 and recorded April 11, 1991 under AF# 9104110050, in Volume 9 of Short Plats, page 346 being a portion of the S.W. 1/4 of the S.E. 1/4 and the S.E. 1/4 of the S.E. 1/4 of Section 33, Township 35 North, Range 5 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across that certain 60 foot private road designated as Kretz Lane on the face of said Short Plat.

Situate in the County of Skagit, State of Washington.

**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/VES OPERATOR NUMBER

SIGNATURE

DATE

**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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 acc

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