



200201090006  
Skagit County Auditor

1/9/2002 Page 1 of 2 8:52AM

RETURN ADDRESS

Shirley Huscusson  
22749 Grip Road  
Sedro-Woolley, WA 98284

P-98323-E



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

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	00	SKY	66 X 28	9U91-0508-M AB

2 LAND

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

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
350412-2-012-0003/P36295

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
		a ptn of NW 1/4 of NW 1/4	12-35-4 E W.M.

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	

NAME OF REGISTERED OWNER  
Shirley M. Huscusson

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
22749 Grip Road	Sedro-Woolley	WA	98284

NAME OF LEGAL OWNER  
Same as Registered owner above

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
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GRANTEE

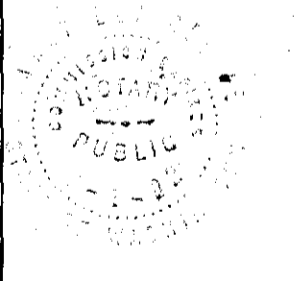
NAME

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE  
*Shirley M. Huscusson*  
Shirley M. Huscusson

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 11-14-01

by Shirley M. Huscusson Signature *[Signature]*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Nancy Lea Cleave PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR 9-1-02  
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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
ELIZABETH A SCHUTT / SKAGIT CO. PERMIT CENTRAL	360-350-9410	BP01-0910
SIGNATURE / POSITION	DATE	
<i>[Signature]</i> / Supp. Sec'y	1/7/02	

**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 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 _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
Title DEALERSHIP POSITION/AGENT/NOTARY	<b>AND:</b> County/Office No. OR Dealer No. OR Notary Expiration Date	

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

The South 200 feet of the South 1/2 of the West 1/4 of the Northwest 1/4 of the Northwest 1/4 of Section 12, Township 35 North, Range 4 Ease, W.M.,

EXCEPT Grip Road.

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) <b>COACH CORRAL INC</b>		WA DEALER NUMBER <b>4278</b>	DATE OF SALE <b>11-26-01</b>
PURCHASE PRICE <b>56820 -</b>	TAX JURISDICTION/TAX RATE <b>7.8</b>	DEALER'S AUTHORIZED SIGNATURE <i>Linda Milbourn</i>	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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) <b>Rodrigo Angulo</b>	COUNTY OFFICE/VFS OPERATOR NUMBER <b>2901-05</b>
SIGNATURE <i>Rodrigo Angulo</i>	DATE <b>01/09/02</b>

**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 accommodation

