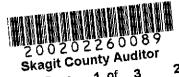
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DATE 02/25/02

2/26/2002 Page

	,						
STATE OF WASHINGTON MANUFACTURED HOME APPLICATION 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)	RTY						
1 MANUFACTURED HOME							
TPO/PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) + 49123 1985 NEWMO X 11811684	_						
REAL PROPERTY TAX PARCEL NUMBER	\neg						
MANUFACTURED HOME WILL BE AFFIXED REMOVED 109434	_						
LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE SE							
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE							
COUNTY NUMBER OF REGISTERED OWNERS NUMBER OF REGISTERED OWNERS PL PL PL PL PL PL PL PL PL P	ļ						
NAME OF REGISTERED OWNER							
NAME OF ADDITIONAL RESISTERED OWNER							
0/A							
ADDRESS 11879 State Route 9 Sedro Woolley WA 98284							
Sherry D. Mills Came as Above							
NAME OF ADDITIONAL LEGAL-OWNER							
ADDRESS CITY STATE ZIP CODE							
GRANTÉE	\dashv						
NAME							
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMARE 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	\neg						
State of Washington Signed or attested County of before me on	9						
Slogger 2 D Malls							
by PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT	_						
by PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY	_						
Title AND: County/Office No. OR AND: Deater No. OR Notary Expiration Date	\leq						
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. 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 # 336 9410 BLOG PERMIT # TAWNEE BOSUM SHACIT COUNTY / EWAIT CENTREL 99-0263							

Support Services

O CIONATUDE OF	E O A L OMOJEO					
6 SIGNATURE OF					FROM BEAL BRODERS	
SIGNATURE OF LEG	SAL OWNER INDICA	ATES CONSENT FO	OR ELIMINATION	OF TITLE / REMOVAL	FROM REAL PROPERTY.	
Signature	of Legal Owner and Ti	tle, IF APPLICABLE				
Signature of Addition	al Legal Owner and T	tie, IF APPLICABLE				
NOTARY SEAL OR S	3,07 7 4 3, 773,			FOR LEGAL OWNER(S) SIGNATURE	
	State of V	Vashington		Signed or atteste		
		County of				
	by	NAME OF LEGAL OWNE	SignatureNOTARY OR AGENT			
	PHINI	NOTARTOR	AGENT			
by PRINT NAME OF LEGAL OWNER				PRINTED NAME OF NOTARY		
	i _		•	County/C	Office No. OR	
	Title	RSHIP POSITION/AGEN	T/NOTARY		ealer No. OR	
7 LAND DESCRIPT		2000 2000 2000		m the local County As	sessor's Office	
	ion (anagement					
See att	ached 35-4					
8 DEALER'S REPO	ODT OF SALE					
		IS CORRECT, THE	VEHICLE IS CLEA	AR OF ENCUMBRANCE	ES EXCEPT AS SHOWN.	
	ALES TAX HAS BE		Andrew Control of the	No.		
DEALER NAME (TYPED O	R PRINTED)			VA DEALER NUMBER	DATE OF SALE	
PURCHASE PRICE	TAX JURISDICTIO	VTAX RATE DEALER	S AUTHORIZED SIGNA	TURE		
USETAXE	XEMPT Sale to a Ce	rtified Tribal member	on the reservation	(attach notarized statem	ent of delivery).	
9 COUNTY AUDITO	PAGENT LICENSI	NG OFFICE APPR	OVAL: (Not for us	e by Subagents)		
certify that the above the recording of this fo		have been complete	d correctly, and the	applicant has sufficient d	ocumentation to proceed with	
NAME (TYPED OR PRINTE	D)	1 1	C	OUNTY OFFICE/VFS OPERA	TOR NUMBER	
XOO!	11:50	HACULO)	290170	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE					DATE	
					102/210/Oct	
10 TITLE FEES	1001104	MOBILE HOME FEE	ELIMINATION EE	E USE TAX	SUBAGENT FEES	
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FE	SE I	SUBAGENI PEES	
IMPORTANT:	Licensing Office Retain proof o	e, take your appl f the recording fe	lication form to the es paid. If the Re	County Auditor / Vel ne County Recording ecording Office retail) Office:	
APPL	ICANTS: Once	recorded, you mu	ust return to a Ve	copy of the recorded Phicle Licensing office all required fees. V	e to file the	
For full in	nstructions on com fer in Location, see	pleting this form to form TD-420-73	for Title Eliminati 0, Manufactured	on, Removal from R Home Application I	eal Property	

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommod?

Description: (2.00 AC) INC M/H 85 REDMAN/NEWMOON 5 28 S/N 11811684 THAT PORTION N1/2 SE1/4 SW1/4 36 LYING EASTERLY OF HIGHWAY 9 BUT EXCLUDING 1T PORTION, IF ANY, WHICH IS WITHIN THE RIGHT OF 1 OF THE FORMER PUGET SOUND AND CASCADE RAILROA

> 200202260089 Skagit County Auditor 2/26/2002 Page 3 of 3 2:01PM