

RETURN ADDRESS

ISLAND TITLE CO.

Po Box 670

BURLINGTON WA

98233

ISLAND TITLE CO. B18011 ✓



200203070142

Skagit County Auditor

3/7/2002 Page 1 of 2 3:49PM



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)

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED, REAL PROPERTY TAX PARCEL NUMBER

LOT, BLOCK, PLAT NAME, SECTION/TOWNSHIP/RANGE

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

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER, NUMBER OF REGISTERED OWNERS, NUMBER OF LEGAL OWNERS

NAME OF REGISTERED OWNER, NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS, CITY, STATE, ZIP CODE

NAME OF LEGAL OWNER, NAME OF ADDITIONAL LEGAL OWNER

ADDRESS, CITY, STATE, ZIP CODE

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, Signed or attested before me on

by Robert A. Shapiro, Signature, NOTARY OF AGENT

by Mariann Shapiro, PRINTED NAME OF NOTARY

Title Notary Public, AND: County/Office No. OR 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.

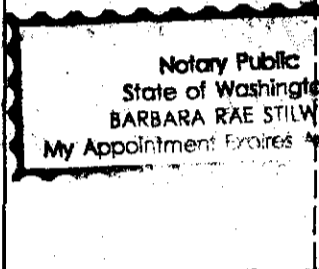

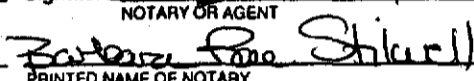
NAME (TYPED OR PRINTED), BLDG PERMIT OFFICE/PHONE #, BLDG PERMIT #, SIGNATURE / POSITION, DATE

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 BA Noble, manager.

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Whatcom</u>		Signed or attested before me on <u>6-11-01</u>
	PRINT NAME OF LEGAL OWNER <u>Washington Mutual</u>	Signature 	NOTARY OR AGENT
by <u>BA Noble</u> PRINT NAME OF LEGAL OWNER	Signature 	PRINTED NAME OF NOTARY <u>Barbara Rae Stillwell</u>	
Title <u>Manager</u> DEALERSHIP POSITION/AGENT/NOTARY	AND:	County/Office No. OR Dealer No. OR <u>43200</u> Notary Expiration Date	

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

Tract 1 of Skagit County Short Plat No. 19-79, as approved June 15, 1979, and recorded July 13, 1979, in Volume 3 of Short Plats, page 144, under Auditor's file No. 7907130005, records of Skagit County, Washington; being a portion of the Northwest Quarter of the Southwest Quarter of Section 12, Township 35, North, Range 3 East of the Willamette Meridian.

Situated in Skagit County, 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) <u>Vic Cox Home Center, Inc.</u>	WA DEALER NUMBER <u>4427</u>	DATE OF SALE <u>6-12-01</u>
PURCHASE PRICE <u>80675.00</u>	TAX JURISDICTION/TAX RATE <u>3101 8.2</u>	DEALER'S AUTHORIZED SIGNATURE <u>Karen Turso</u>

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) <u>Hirsty Lowrey</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Hirsty Lowrey</u>	DATE <u>3/7/02</u>

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, please call (360) 902-3600 or TDD (360) 6



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