

RETURN ADDRESS

FIRST AMERICAN TITLE COMPANY

PO Box 1667

Mt. Vernon, WA 98273

01-66719



200205030113

Skagit County Auditor

5/3/2002 Page 1 of 2 1:24PM

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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 70 33070	YEAR 1982	MAKE COMMODORE	LENGTH/WIDTH(FEET) 70 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) SS9970	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 3966-002-038-0115 R68023			
LOT 38	BLOCK	PLAT NAME PEAVEY'S ACREAGE NO. 2		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER CHAVEZ, CARLOS					
NAME OF ADDITIONAL REGISTERED OWNER CHAVEZ, ANTONIA V.					
ADDRESS 27333 Duffy Road		CITY Sedro Woolley, WA	STATE WA	ZIP CODE 98284	
NAME OF LEGAL OWNER CTX MORTGAGE					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 3100 MCKINNON CORP CLOSING 2ND FLOOR		CITY DALLAS	STATE TX	ZIP CODE 75201	
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		<i>Carlos Chavez</i>			
Signature of Additional Registered Owner and Title, IF APPLICABLE		<i>Antonia V. Chavez</i>			
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Skagit	
		County of			
		Signed or attested before me on		10/30/2001	
		by Carlos Chavez		Signature <i>Kim M. Kerr</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
by Antonia V. Chavez		Signature <i>Kim K. Kerr</i>			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Closer		AND: County/Office No. OR		Dealer No. OR 12/15/2001	
DEALERSHIP POSITION/AGENT/NOTARY		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: <input type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input checked="" type="checkbox"/> 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 SCHUTT		336-9910		13564	
SIGNATURE / POSITION		DATE			
<i>Elizabeth Schutt</i>		<i>Suppatt Sauer</i>		<i>5/2/02</i>	

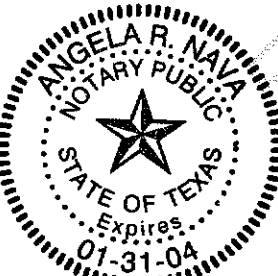
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Carter H Ward

Signature of Additional Legal Owner and Title, IF APPLICABLE

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of <u>Texas</u> County of <u>Dallas</u>	Signed or attested before me on <u>4/15/02</u>
	by <u>CTR Mortgage Company, LLC</u> PRINT NAME OF LEGAL OWNER	Signature <u>Angela R Nava</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>ANGELA R. NAVA</u>
Title _____		AND: County/Office No. OR Dealer No. OR Notary Expiration Date
DEALERSHIP POSITION/AGENT/NOTARY		

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

The South 1/2 of Lot 38, PEAVEY'S ACREAGE NO. 2, as per plat recorded in Volume 3 of Plats, page 37, records of 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)		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) <u>PEGGY A. RIEDEL GRAHAM</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>Peggy A. Riedel Graham</u>	DATE <u>5/3/02</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 opportunity to all applicants. If you need special accommodations, please contact the Department of Licensing at 1-800-541-2262.



200205030113
Skagit County Auditor