

RETURN ADDRESS



200205310185  
Skagit County Auditor

5/31/2002 Page 1 of 2 4:09PM

**STATE OF WASHINGTON**  
Department of  
**LICENSING**

**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 <b>897717</b>	YEAR <b>1980</b>	MAKE <b>SKYLINE Homeette</b>	LENGTH/WIDTH(FEET) <b>14 X 70</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>039507 94N</b>
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**2 LAND** LEGAL DESCRIPTION ON PAGE **2**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER **P 700 38**

LOT <b>29,30,31</b>	BLOCK <b>1</b>	PLAT NAME <b>THUNDERBIRD LANE</b>	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER \_\_\_\_\_  
NAME OF ADDITIONAL REGISTERED OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF LEGAL OWNER **ESTATE OF RICHARD A. ARMSTRONG**  
NAME OF ADDITIONAL LEGAL OWNER \_\_\_\_\_

ADDRESS **4628 So. MACHIAS RD.** CITY **Snohomish** STATE **WA.** ZIP CODE **98290**

**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 *Justin R. Armstrong*  
Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

NOTARY SEAL OR STAMP: **DEBRA L. OLSON**, COMMISSION EXPIRES \_\_\_\_\_, NOTARY PUBLIC, 8-2-2005, STATE OF WASHINGTON

State of Washington County of **Snohomish** Signed or attested before me on **5-24-02**

by **Timothy R. Armstrong** Signature *[Signature]* NOTARY OR AGENT  
PRINT NAME OF REGISTERED OWNER

by **Jeffrey A. Armsteary** Signature *[Signature]* PRINTED NAME OF NOTARY  
PRINT NAME OF REGISTERED OWNER

Title \_\_\_\_\_ AND: County/Office No. OR \_\_\_\_\_ Dealer No. OR **31-07-05** Notary Expiration Date **8-2-2005**

**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) **Georgine Rosson** BLDG PERMIT OFFICE/PHONE # **SKAGIT COUNTY PERMIT CENTER 360-336-9410** BLDG PERMIT # **22496**

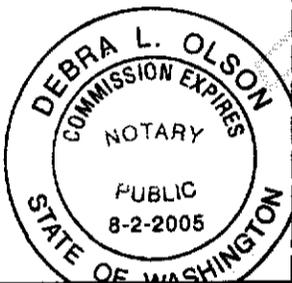
SIGNATURE / POSITION *Georgine Rosson* DATE **5/23/02**

**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 Timothy R. Armstrong

Signature of Additional Legal Owner and Title, IF APPLICABLE [Signature]

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of Washington County of <u>Grotonish</u> Signed or attested before me on <u>5-24-02</u>	
	by <u>Timothy R. Armstrong</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>JEFFREY A. Armstrong</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Debra L Olson</u>
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR <u>31-67-05</u> Notary Expiration Date <u>8-2-2005</u>	

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

LOTS 29, 30, 31 Block 1 Plat Thunderbird Lane as per recorded in Vol 8 of Plats page 76/77 RECORD Skagit Co wa.

**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
<input type="checkbox"/> 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>Kirsty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Kirsty Lowery</u>	DATE <u>5/31/02</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.