

## RETURN ADDRESS

first american title  
160 CASCADE PL STE 104

BURLINGTON, WA 98223

B069544



200206200023

Skagit County Auditor

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FIRST AMERICAN TITLE CO.



## 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 %110206	YEAR 1994	MAKE LIBER	LENGTH/WIDTH(FEET) 40 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 09L27019XU
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## 2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER (A/ lots)  
350710-4-009-0200 P99203

LOT	BLOCK	PLAT NAME (350710 4009. 0400)	SECTION/TOWNSHIP/RANGE 10-35-7 (P117974)
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## 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE Lot 1 of

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS Short plat con back
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NAME OF REGISTERED OWNER

RAMIRO TAPIA

NAME OF ADDITIONAL REGISTERED OWNER

LEANNE K. TAPIA

ADDRESS

7860 RUSSELL RD

CITY

CONCRETE

STATE

WA

ZIP CODE

98237

NAME OF LEGAL OWNER

RAMIRO TAPIA

NAME OF ADDITIONAL LEGAL OWNER

LEANNE K. TAPIA

ADDRESS

7860 RUSSELL RD

CITY

CONCRETE

STATE

WA

ZIP CODE

98237

## GRANTEE

NAME

Same as registered owners

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:

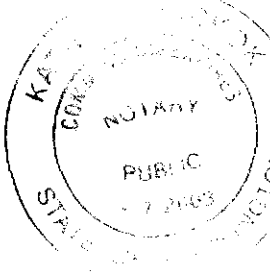
Signature of Registered Owner and Title, IF APPLICABLE

X Ramiro A Tapia

Signature of Additional Registered Owner and Title, IF APPLICABLE

X Leanne K Tapia

NOTARY SEAL OR STAMP



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

State of Washington  
County of SkagitSigned or attested  
before me on 12/6/01by Ramiro Tapia  
PRINT NAME OF REGISTERED OWNERSignature Kati E Hickok  
NOTARY OR AGENTby Leanne Tapia  
PRINT NAME OF REGISTERED OWNERSignature Kati E Hickok  
PRINTED NAME OF NOTARYTitle  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR 17-2003  
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 #

TAMMIE BOSMAN SKAGIT COUNTY PUBLIC CORP

BP01-1500

SIGNATURE / POSITION

DATE

Tammie Bosman Support Services

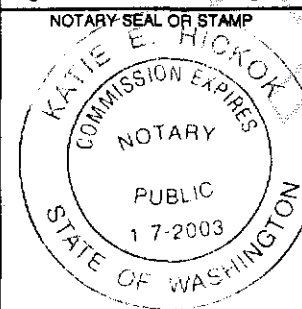
06/18/02

**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

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington  
County of

Skagit

Signed or attested  
before me on

12/6/01

by Ramiro Tapia  
PRINT NAME OF LEGAL OWNERSignature Katie E. Hickok  
NOTARY OR AGENTby Leann Tapia  
PRINT NAME OF LEGAL OWNERKatie E. Hickok  
PRINTED NAME OF NOTARYTitle  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR 1-7-2003  
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 1 of Amended Skagit County Short Plat  
No. 96-0025, approved June 5, 2001 and  
recorded June 30, 2001 as Auditor's File No.  
200106200089 being a portion of the SE 1/4 of  
the SE 1/4 of Sec. 10, TWP 35 N, R 7 E, W.M.  
situated in the State of Washington, County of  
Skagit.

**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"/> <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)	COUNTY OFFICE/VES OPERATOR NUMBER
Barrie Willis	2901-21
SIGNATURE	DATE
[Signature]	6/20/02

**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



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Skagit County Auditor