



200206200024

Skagit County Auditor

6/20/2002 Page 1 of 2 9:42AM

RETURN ADDRESS

First American Title Co.
1100 Cascade Pl. #104
Burlington, WA 98233

B614607

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 <u>Fluxus</u> <u>ORFLX481A26702-H513 +</u>					
TPQ / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	<u>2000</u>	<u>Harley-Davidson</u>	<u>24.8X56.5</u>	<u>ORFLX481A26702-H513</u>	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED REAL PROPERTY TAX PARCEL NUMBER <u>3410436-1-001-02100 R116631</u>					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
<u>3</u>					
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				DOL CUSTOMER ACCOUNT NUMBER	
<u>Tina J. Ackerson</u>				<u>ACKERT526202</u>	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
<u>23530 Bernie Morris Ct.</u>		<u>Mt. Vernon</u>	<u>WA</u>	<u>98273</u>	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
<u>Greenpoint Mortgage</u>					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
<u>330 - 120th Ave NE #210</u>		<u>Bellevue</u>	<u>WA</u>	<u>98005</u>	
GRANTEE					
NAME					
<u>same as registered owner</u>					
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 <u>Tina Ackerson</u> <u>Agent of POA First American Title Co.</u>					
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 <u>Skagit</u> Signed or attested before me on <u>June 17, 2002</u>			
		by <u>Tina Ackerson</u> by <u>Katie E. Hickok</u> Signature			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by <u>Cathy Tott, POA Agent First American Title Co.</u> PRINTED NAME OF NOTARY			
		Title <u>Notary</u> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>1-7-2003</u>			
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 #	
<u>Georgine Rosson</u>		<u>SKAGIT COUNTY PERMIT CENTER / 360-336-9410</u>		<u>BP 00-0554</u>	
SIGNATURE / POSITION				DATE	
<u>Georgine Rosson Support Services</u>				<u>6/10/02</u>	

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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (800) 833-8888.

6 SIGNATURE OF LEGAL OWNER	
SIGNATURE OF LEGAL OWNER AND TITLE, IF APPLICABLE Megann Fisher Starks, Green Point	
SIGNATURE OF ADDITIONAL LEGAL OWNER AND TITLE, IF APPLICABLE	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)	
Lot 3, Subst Plat # 94-09019, recorded April 12, 2000 under Auditor's File No. 200004136016, records of Skagit County, Washington, being a portion of the Northeast 1/4 of the Northwest 1/4 and Northwest 1/4 of Range 4 East, T10N, R14E, Section 36, Township 34 North, and utilities as delineated on the face of said Subst Plat as shown.	
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)	DATE OF SALE
TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
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/AGENT OPERATOR NUMBER
SIGNATURE	DATE
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.	