200206250013
Skagit County Auditor
6/25/2002 Page 1 of 2 9:35AM

RETURN ADDRESS

First American Title
1600 Cascade Pl. #104
Burlington, WA 98233

B65503

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 Redman

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2002	Wynne-Wood	28 X 44	118-28606 1 A/B

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER 4776·000·005·0000 P118071

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
5		Plat of Alger Valley Acres	

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: Donald K. Levell — DOL CUSTOMER ACCOUNT NUMBER: LEVELDK524JM4

NAME OF ADDITIONAL REGISTERED OWNER: Tamara L. Levell — DOL CUSTOMER ACCOUNT NUMBER: LEVELTL527PK

ADDRESS: 19287 Prairie Rd — CITY: Sedro Woolley — STATE: WA — ZIP CODE: 98284

NAME OF LEGAL OWNER: Same as registered owners — DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER: Same as registered owners — DOL CUSTOMER ACCOUNT NUMBER

ADDRESS — CITY — STATE — ZIP CODE

GRANTEE

NAME: Same as registered owners above

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: Donald K Levell by Cathy Toth, Agent FATCO

Signature of Additional Registered Owner and Title, IF APPLICABLE: Tamara L Levell by Cathy Toth, Agent FATCO

NOTARY SEAL OR STAMP: J. ANDERSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 6-1-2006

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit — Signed or attested before me on 6/24/02

by Donald K. Levell & Tamara L. Levell by Cathy Toth, Agent FATCO — Signature J. Anderson

PRINT NAME OF REGISTERED OWNER — NOTARY OR AGENT

by Donald K. Levell / Tamara L. Levell — J. Anderson

PRINT NAME OF REGISTERED OWNER — PRINTED NAME OF NOTARY

Title Cathy Toth, Agent-FATCO — AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6/1/06

DEALERSHIP POSITION/AGENT/NOTARY

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 #
TAMMEE BOSMAN	SKAGIT COUNTY PERMIT CENTER 336-9410	BP01-1050

SIGNATURE / POSITION: Tammee Bosman Support Services — DATE: 06/07/02

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 _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of _____ Signed or attested before me on _____

by _____ Signature _____
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by _____ _____
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title _____ **AND:** County/Office No. **OR** Dealer No. **OR** _____
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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

Lot 5, Plat of Alger Valley Acres as recorded May 7, 2001 under Skagit County Auditor's File number 200105070084

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
See Attached.	4161	

PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
49440.00		

☐ **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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Jaime Willis	2901-21

SIGNATURE	DATE
2901-21	6/24/02

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 accommo[illegible]