

RETURN ADDRESS

attn: John Day

HOUSING AUTHORITY OF
SKAGIT COUNTY24854 CH Jones Memorial Circle, Ste. 1
Sedro Woolley, WA 98284
(360) 856-1223

200209240048

Skagit County Auditor

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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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
@83514	1976	SUNYB	52X24	72001	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3822-000-054-0000/P5443					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
59	6	SKYLINE	27/35/01		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
412	2		2		
NAME OF REGISTERED OWNER					
June L. Wills					
NAME OF ADDITIONAL REGISTERED OWNER					
Kenneth A. Wills					
ADDRESS		CITY	STATE	ZIP CODE	
2701 Dundee Place		Anacortes	WA	98221	
NAME OF LEGAL OWNER					
SAME AS REGISTERED OWNERS ABOVE					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
CITY					
STATE					
ZIP CODE					
GRANTEE					
NAME					
June L. Wills and Kenneth A. Wills					
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>Kenneth A. Wills</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>June L. Wills</i>					
NOTARY SEAL		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of <i>Skagit</i>		Signed or attested before me on <i>Aug 5, 2005</i>			
by <i>Kenneth A. Wills</i> PRINT NAME OF REGISTERED OWNER		Signature <i>Kathleen J. Marcotti</i> NOTARY OR AGENT			
by <i>JUNE L. WILLS</i> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <i>KATHLEEN J. MARCOTTI</i>			
Title <i>NOTARY</i> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. <i>OR</i> Dealer No. <i>OR</i> Notary Expiration Date <i>2/3/05</i>			
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 checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input 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 #	
WILLIAM J. KOEPKE		(360) 293-1901		985	
SIGNATURE / POSITION		DATE			
<i>William J. Koepke Bldg Inspector</i>		9-19-02			

RECEIVED

AUG 07 2002

H.A.S.C. Wx

RECEIVED

SEP 23 2002

H.A.S.C. Wx

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 _____	Signed or attested _____
	County of _____	before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY _____ County/Office No. OR Dealer No. OR AND: Notary Expiration Date _____
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)SKYLINE 6 LTS 58459 INC M/H 72001
SUNNYBROOK 76 52X24**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) PEGGY A. RIEDEL GRAHAM	COUNTY OFFICE/VES OPERATOR NUMBER 24-01-04
SIGNATURE <i>Peggy A. Riedel Graham</i>	DATE 9/24/02

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
If you need special accommc200209240048
Skagit County Auditor