RETURN ADDRESS

Island Title Company
3110 Commercial, Ste 101
Anacortes, WA 98221
AE 8590



3:49PM

of a felony, and upon conviction may be punished by a fine, Imprisonment, or both. (RCW 46.12.210) MANUFACTUREDHOME YEAR SILVE LENGTH-WINDTH-FEET YEHICLE IDENTIFICATION NUMBER (VIN)
TO PLATE NUMBER VEAR JAPA LENSTHAWNIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) 17106 480 LEGAL DESCRIPTION ON PAGE REAL PROPERTY TAX PARCEL NUMBER PROPERTY SEAT CRESTAGE VINE PROPERTY SEAT CRESTAGE NUMBER OF LEGAL OWNER STATE ZIP CODE STAT
LEGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE AFFIXED REMOVED 340103-0-01-0102 P1364 LOT BLOCK PLAT NAME SECTIONTOWNSHIP/RANGE 340103-0-011-0102 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 ADDRESS STATE PF CODE NAME OF ADDITIONAL REGISTERED OWNER ADDRESS OITY STATE ZIP CODE GRANTEE NAME IDO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Additional Registered Owner and Title, IF APPLICABLE NOMEN'S SEALONSTAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested before me on 10-1-02 Signed or attested before me on 10-1-02
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NAME OF REGISTERED OWNER TENNATURE M. ZURCHET ZURCHIM 687 QA NAME OF ADDITIONAL REGISTERED OWNER ADDRESS 1223 2 Abbott Care Array 1822 1 NAME OF LEGAL OWNER SAME NAME OF ADDITIONAL LEGAL OWNER ADDRESS CITY STATE ZIP CODE GRANTEE NAME IDO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE ANNARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Staget Signed or attested before me on 10 -1 - 0 2
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NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Stage Signed or attested before me on 10-1-02
State of Washington County of Skagit Signed or attested before me on 10-1-02
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY
Title AND: County/Office No. OR Dealer No. ORS ON 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 Learning 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 # # 94-0262 **ENTER 13-36-9410 BLDG PERMIT # # 94-0262
SIGNAPURE/POSITION SIGNAPURE Suffer Services Leel 05/18/01 TD-420-729 MANUF HOME APPL/(FIX/98) OR Page 1.612

SIGNATURE OF L	GAL OWNER				
		TES CONSENT FO	R ELIMINATION	OF TITLE / REMOV	AL FROM REAL PROPERTY
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Signature of Additional	1 1 2				
NOTARY SEAL OR STA	IMP T		CERTIFICATION	FOR LEGAL OWNE	
L. AN	State of W	Vashington County of	git_	Signed or atte before m	e on 10-1-02
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PUBLIC	J≥Joy			Evelyn N.	anderson
101	A JOV PRINT	NAME OF LEGAL OWNE	R	PRINTED NAME OF N	
9-10-200 OF WAS	Title	SHIP POSITION/AGEN	T/NOTARY		ty/Office No. OR 8-/0-2004 Dealer No. OR 8-/0-2004 Expiration Date
LAND DESCRIPTION	ON (A legal descrip			om the local County	
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ANY REQUIRED SA			VEHICLE IS CLE	AN OF ENCUMBRAI	NCES EXCEPT AS SHOWN.
DEALER NAME (TYPED OR I				WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION	VTAX RATE DEALER	S AUTHORIZED SIGN	ATURE?	
THE TAY EV	EMBT. Soloto e Cor	tified Tribal mamber	on the recognition	n (attach notarized stat	rement of delivery
COUNTY AUDITOR					ement of delivery).
					nt documentation to proceed with
he recording of this form		<u> </u>			<u> </u>
NAME TYPES OR PRINTED	as As	alla		COUNTY OFFICENES OPE	FRATOR NUMBER
IGNATURE	100 / / K		1	2901	DATE / /
SIGNATURE					10/04/07
O TITLE FEES		<u> </u>	A	****	10/07/02
	PPLICATION	MOBILE HOME FEE	ELIMINATION F	EE USE TAX	SUBAGENT FEES
		<u> </u>			
					TOTAL FEES & TAX
IMPORTANT:	Once the appli	nation has been	annroyed by the	County Auditor / Y	/ahicle
IMICORTAITI				the County Record	
	Retain proof of	the recording fee	es paid. If the F	Recording Office re	tains
	your original ar	oplication form, o	btain a certified	copy of the record	led form.
APPLIC	CANTS: Once	recorded, vou mu	ist return to a V	ehicle Licensing of	fice to file the
1	Manufa	actured Home Ap	plication, payin	g all required fees.	
	licensi	ng subagents ch	arge a service f	ee	
For full inc	trictions on com	pleting this form f	or Title Flimine	tion, Removal from	Real Property
				d Home Application	

The Department of Licensing has a lift you need special accommodal

200210040178 Skagit County Auditor