

RETURN ADDRESS

First American Title Company
 PO Box 1667
 Mount Vernon, WA 98273
 01-68439



200210150019
 Skagit County Auditor
 10/15/2002 Page 1 of 2 9:54AM

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

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1992	LIBER	70 X 14	09L25633

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 340423-4-010-0200 P114140

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
1		Short Plat No. 97-0047	23, 26-34-4

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	2

NAME OF REGISTERED OWNER	OVERBBD38907		
BRIAN OVERBY			
NAME OF ADDITIONAL REGISTERED OWNER	OVERBDM3600A		
DEBI OVERBY			
ADDRESS	CITY	STATE	ZIP CODE
15984 Hwy 99	Mount Vernon	WA	98274
NAME OF LEGAL OWNER			
KIRK D. SHROYER			
NAME OF ADDITIONAL LEGAL OWNER			
MARY HUDDLE-SHROYER			
ADDRESS	CITY	STATE	ZIP CODE
21073 Tye Road	Mount Vernon	WA	98274

GRANTEE

NAME _____

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 *Brian Overby*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Debi Overby*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 3/29/02

Debi Overby Signature *Kim M. Kerr*
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

Brian Overby
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Kim M. Kerr
 PRINTED NAME OF NOTARY

Title closer AND: County/Office No. OR 12/15/05
 DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 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 # 336 9410 BLDG PERMIT #
 TANNER BOSMAN SKAGIT COUNTY PERMITS 00-0190

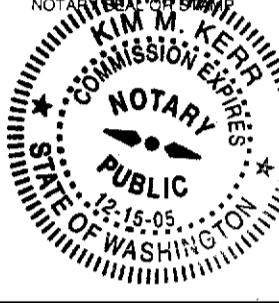
SIGNATURE / POSITION DATE
 Tanner Bosman Support Services 04/04/02

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 Kirk A. Shroyer

Signature of Additional Legal Owner and Title, IF APPLICABLE Mary Huddle Shroyer

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>3/29/02</u>
	by <u>Kirk A. Shroyer</u> PRINT NAME OF LEGAL OWNER	Signature <u>Kim M. Kerr</u> NOTARY OR AGENT
	by <u>Mary Huddle Shroyer</u> PRINT NAME OF LEGAL OWNER	<u>Kim M. Kerr</u> PRINTED NAME OF NOTARY
Title <u>Clerk</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>2115105</u> 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 Skagit County Short Plat No. 97-0047, approved January 25, 1999 and recorded January 25, 1999 under Auditor's File No. 9901250155 in Volume 13 of Short Plats, pages 200 and 201, being a portion of the Southeast 1/4 of the Southeast 1/4 of Section 23 and of the Northeast 1/4 of the Northeast 1/4 of Section 26, all in Township 34 North, Range 4 East, W.M.

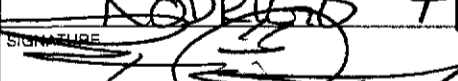
8 DEALER'S REPORT OF SALE

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) <u>Rodriguez Angulo</u>	COUNTY OFFICER'S OPERATOR NUMBER <u>2901-05</u>
SIGNATURE 	DATE <u>10/15/2002</u>

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, please contact us.

