



200302060001

Skagit County Auditor

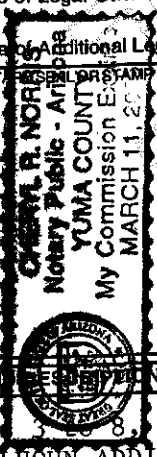
RETURN ADDRESS

2/6/2003 Page

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2 8:37AM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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					
TRO/PLATE NUMBER 70128620	YEAR 1994	MAKE Skyline	LENGTH/WIDTH(FEET) 40 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 06910744GAB	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED REAL PROPERTY TAX PARCEL NUMBER P74144 & P74143					
LOT 1-8	BLOCK 9	PLAT NAME OR SECTION/TOWNSHIP/RANGE Calhoun Add. to LaConner		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1		NUMBER OF LEGAL OWNERS 2		
NAME OF REGISTERED OWNER Ntinos G. Trapalis				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 23631 Brier Road		CITY Brier	STATE WA	ZIP CODE 98036	
NAME OF LEGAL OWNER Gerald Blades				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER Donna Blades				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS P.O. Box C2102		CITY LaConner	STATE WA	ZIP CODE 98257	
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 <i>Ntinos G. Trapalis</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>1-30-03</u>	
		by <u>Ntinos G. Trapalis</u> PRINT NAME OF REGISTERED OWNER		Signature <u>Karen Ashley</u> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <u>Karen Ashley</u>	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>9-11-06</u> 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: <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) <u>Georgine Bosson</u>		BLDG PERMIT OFFICE/PHONE # <u>SKAGIT COUNTY PERMIT CENTER / 336-9410</u>		BLDG PERMIT # <u>95-0676</u>	
SIGNATURE / POSITION <u>Georgine Bosson / Supervisor Services</u>				DATE <u>1/23/03</u>	

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 <u>Gerald K. Blades</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Donna M. Blades</u>					
	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of Washington <u>Arizona</u>		Signed or attested before me on <u>1-15-03</u>		
	County of <u>Yuma</u>				
	by <u>Gerald Blades, Donna Blades</u>		Signature _____		
	PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT		
by _____		PRINTED NAME OF NOTARY			
Title <u>Cheryl R. Norris</u>		County/Office No. OR <u>3-11-05</u>			
DEALERSHIP IDENTIFICATION/NOTARY		AND: Dealer No. OR Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's					
Lot <u>3, 4, 5, 6, 7, 8</u> inclusive, and the East 3 feet of Lots 1 and 2, in Block 9, "CALHOUN ADDITION TO THE TOWN OF LACONNER", as per plat recorded in Volume 1 of Plats, page 14, records of Skagit County, Washington.					
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>PEGGY A. RIEDEL GRAHAM</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>		
SIGNATURE <u>Peggy A. Riedel Graham</u>			DATE <u>2/6/03</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>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.</p> </div> <p>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.</p>					

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.



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