

RETURN ADDRESS



200303140225

Skagit County Auditor

3/14/2003 Page 1 of 2 3:48PM

ISLAND TITLE CO.

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) <b>X</b>	VEHICLE IDENTIFICATION NUMBER (VIN)
--------------------	------	------	--------------------------------	-------------------------------------

## 2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
4667-000-004-0000 R108153

LOT 4	BLOCK	PLAT NAME Cascade Heights	SECTION/TOWNSHIP/RANGE Vol 16 pg 85 &86
----------	-------	------------------------------	--

## 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
---------------------	----------------------------------	-----------------------------

NAME OF REGISTERED OWNER

JASON M. SCHLAHT

NAME OF ADDITIONAL REGISTERED OWNER

SHANNON A. SCHLAHT

ADDRESS

CITY

STATE

ZIP CODE

45283 Ridgeway Court Concrete, WA 98237

NAME OF LEGAL OWNER

ABN AMRO MORTGAGE GROUP, INC.

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

CITY

STATE

ZIP CODE

2600 W. Big Beaver Road, Troy, Michigan 48084

## GRANTEE

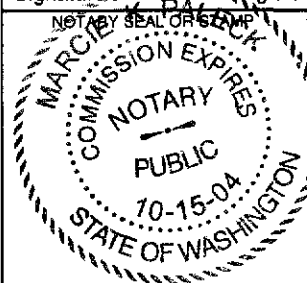
NAME

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

*Jason M. Schlaht*

Signature of Additional Registered Owner and Title, IF APPLICABLE

*Shannon A. Schlaht*

## NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington  
County of SkagitSigned or attested  
before me on May 16, 2002by Jason M. Schlaht  
PRINT NAME OF REGISTERED OWNERSignature *Marcie K. Paleck*  
NOTARY OR AGENTby Shannon A. Schlaht  
PRINT NAME OF REGISTERED OWNERMARCIE K. PALECK  
PRINTED NAME OF NOTARYTitle NOTARY  
DEALERSHIP, POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR 10-15-04  
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 #

BLOG PERMIT #

DON PAYNE

360-853-9401

02-002

SIGNATURE / POSITION

DATE

*Don Payne Building inspector*

3-14-03

**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

Beverly J. Missig  
Beverly J. Missig / A.V.P.

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of ~~Washington~~ Michigan  
County of ~~Skagit~~ OaklandSigned or attested  
before me on 02-10-03by Beverly J. Missig  
PRINT NAME OF LEGAL OWNERSignature Anna R. Stiglich  
NOTARY OR AGENTby  
PRINT NAME OF LEGAL OWNERAnna R. Stiglich  
PRINTED NAME OF NOTARYTitle Assistant Vice president  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR  
Notary Expiration Date 03-07-05**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 4 CASCADE HEIGHTS, according to the plat thereof recorded  
in Volume 16 of Plats, pages 85 and 86, records of Skagit  
County, Washington.

Situated in 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)

COACH CORRAL INC

WA DEALER NUMBER

4278

DATE OF SALE

5-22-02PURCHASE PRICE 47,20092612-

TAX JURISDICTION/TAX RATE

7.9

DEALER'S AUTHORIZED SIGNATURE

Linda Milbourn☐ 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

SIGNATURE

DATE

**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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.The Department of Licensing  
If you need special accomm.200303140225  
Skagit County Auditor