



200304210001

Skagit County Auditor

RETURN ADDRESS

4/21/2003 Page

1 of

3 8:33AM

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" 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					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1997	Golden West	48 X 27	GWOR23N18979	
2 LAND					
MANUFACTURED HOME WILL BE			LEGAL DESCRIPTION ON PAGE		
<input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER		
			P111641		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
		Ptn N 1/2 NE 1/4 NW 1/4	32-33-4		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
29		2		2	
NAME OF REGISTERED OWNER					
Joan E. Minger					
NAME OF ADDITIONAL REGISTERED OWNER					
Carl J. Minger					
ADDRESS		CITY	STATE	ZIP CODE	
19400 Clarence Ln.		Mt. Vernon	WA	98273	
NAME OF LEGAL OWNER					
Joan E. Miner					
NAME OF ADDITIONAL LEGAL OWNER					
Carl J. Minger					
ADDRESS		CITY	STATE	ZIP CODE	
19400 Clarence Ln.		Mt. Vernon	WA	98273	
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		SIGNED OR ATTESTED	
		County of Skagit		before me on 4/18/03	
		by Joan E. Minger		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by		Signature	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title		AND: County/Office No. OR 290108	
		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		
Shelley L. Nevitt, Title Officer for			Land Title Co. (360) 707-2158		
SIGNATURE / POSITION			DATE		
			4-18-2003		
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 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 #	
SIGNATURE / POSITION			DATE		

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
County of _____

Signed or attested
before me on _____

by _____
PRINT NAME OF LEGAL OWNER

Signature _____
NOTARY OR AGENT

by _____
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR
Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 2, Short Plat 97-0014 AF# 9706160098 being a
portion of the N¹/₂ NE¹/₄ NW¹/₄ S32-T33-R4 E.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

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/MFS OPERATOR NUMBER

SIGNATURE

DATE

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



OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- Title Elimination
 Removal From Real Property
 Transfer In Location

PROPERTY TAX PARCEL NUMBER:

P111641

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)	
NAME OF REGISTERED OWNER <u>Carl J. Miner</u>	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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SIGNATURE OF REGISTERED OWNER(S)	
SIGNATURE OF REGISTERED OWNER 	DATE <u>4/19/03</u>
SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP <div style="border: 1px solid black; padding: 5px;"> Notary Public State of Washington PAULA A. VALENZUELA My Appointment Expires Nov 15, 2005 </div>	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of <u>Shokomish</u> Signed or attested before me on <u>April 19, 2003</u> Signature <u>Paula A. Valenzuela</u> Notary or Agent Printed Name of Applicant <u>Carl J. Miner</u> Printed name of Notary <u>Paula A. Valenzuela</u> Dealer No. OR AND: County/Office No. OR <u>NOV 15, 05</u> Notary Expiration Date Notary Public Dealership Position/Agent/Notary

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) 902-3600.



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