

RETURN ADDRESS



200305120044  
Skagit County Auditor

5/12/2003 Page 1 of 2 9:23AM

**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) |
|--------------------|------|-------|--------------------|-------------------------------------|
| 000713             | 1989 | FLEET | 66 X 28            | WAFLJ31A08353SW                     |

**2 LAND**

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4384-000-043-0015

| LOT | BLOCK | PLAT NAME        | SECTION/TOWNSHIP/RANGE |
|-----|-------|------------------|------------------------|
| 43  |       | PLAT OF EASTWIND | CITY OF MT VERNON      |

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

ADDITIONAL NAMES ON PAGE

| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS |
|---------------|-----------------------------|------------------------|
| P80990        | 2                           | 2                      |

NAME OF REGISTERED OWNER  
MARVIN C. HEYWOOD

NAME OF ADDITIONAL REGISTERED OWNER  
BONITA J. HEYWOOD

| ADDRESS          | CITY      | STATE | ZIP CODE |
|------------------|-----------|-------|----------|
| 1905 No 32nd Pl. | MT VERNON | WA    | 98273    |

NAME OF LEGAL OWNER  
MARVIN C. Heywood

NAME OF ADDITIONAL LEGAL OWNER  
BONITA J. Heywood

| ADDRESS          | CITY      | STATE | ZIP CODE |
|------------------|-----------|-------|----------|
| 1905 No 32nd Pl. | 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: *Marvin C. Heywood*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Bonita J. Heywood*

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of *Skagit* Signed or attested before me on *5/12/03*

by *MARVIN C. BONITA HEYWOOD* Signature: *Marvin Heywood* NOTARY OR AGENT: *Leahon*

by \_\_\_\_\_ PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title \_\_\_\_\_ AND: \_\_\_\_\_ Dealer No. OR \_\_\_\_\_ Notary Expiration Date *2/28/04*

**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 # | BLDG PERMIT # |
|-------------------------|----------------------------|---------------|
| Barrie Kenning          | 306 336-6214               | 6396          |

SIGNATURE / POSITION: *Barrie Kenning* Building Inspector DATE: 5-8-03

TD-420-729 MANUF HOME APPL (R/8/98) OR Page 1 of 2

Verified by WA STATE "VEHICLE CERTIFICATE OF OWNERSHIP" # 0105930802 WITH SAME ADDRESS (1905 N 32ND PL MOUNT VERNON WA) # STICKER WAS REMOVED OVER

FROM BELOW LOWER KITCHEN SINK CAB - UNABLE TO VERIFY VIN ATTACHED TO HOME.

**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: Marvin C. Heywood  
 Signature of Additional Legal Owner and Title, IF APPLICABLE: Bonita J. Heywood

|   |  |   |
|---|--|---|
| NOTARY SEAL OR STAMP                            | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE                                    |   |
|   | State of Washington<br>County of <u>Skagit</u>   | Signed or attested before me on <u>4/9/03</u> |
|   | by <u>MARVIN C. BONITA J. HEYWOOD</u><br>PRINT NAME OF LEGAL OWNER                         | <u>[Signature]</u><br>NOTARY OR AGENT         |
|   | by _____<br>PRINT NAME OF LEGAL OWNER  | PRINTED NAME OF NOTARY<br><u>Shehane</u>      |
| Title _____<br>DEALERSHIP POSITION/AGENT/NOTARY | AND: County/Office No. OR <u>29-01-04</u><br>Dealer No. OR _____<br>Notary Expiration Date |   |

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

LOT 43, PLAT OF EASTWIND, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 12 OF PLATS, PAGES 31 AND 32, 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) | 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)<br><u>PEGGY A. RIEDEL GRAHAM</u> | COUNTY OFFICE/VES OPERATOR NUMBER<br><u>29-01-04</u> |
| SIGNATURE<br><u>[Signature]</u>                          | DATE<br><u>4/9/03</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 Licer  
If you need special acco.



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