

RETURN ADDRESS



200306030121
Skagit County Auditor

6/3/2003 Page 1 of 3 3:36PM

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)
+129638	1998	SILVERCREST	65 X 40	17710774A

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P-48918

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
12	-	108-76	5-36-4

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

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

NAME OF REGISTERED OWNER
CZETWERTYNSKI GEORGE TRUSTEE

NAME OF ADDITIONAL REGISTERED OWNER
CZETWERTYNSKI SUSAN TRUSTEE

ADDRESS CITY STATE ZIP CODE
19808 SILVER CREEK DRIVE, SEDRO WOOLEY, WA 98284

NAME OF LEGAL OWNER
SAME AS REGISTERED OWNER

NAME OF ADDITIONAL LEGAL OWNER
SAME AS REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
SAME AS REGISTERED OWNER

GRANTEE
NAME
N/A

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]* TRUSTEE

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]* TRUSTEE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on June 03

by _____ Signature _____ NOTARY OR AGENT

by _____ PRINTED NAME OF REGISTERED OWNER

by _____ PRINTED NAME OF REGISTERED OWNER

Title _____ AND: _____ County/Office No. OR 29-0124
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 # BLDG PERMIT #
Georgine Rossen SKAGIT COUNTY PERMIT CENTER 98-0079

SIGNATURE/POSITION DATE
[Signature] Support Services 6/3/03

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 _____

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 County/Office No. OR Dealer No. OR Notary Expiration Date _____
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: _____

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

TRACT 12 OF SKAGIT COUNTY SHORT PLAT #108-76
RECORDED UNDER AUDITOR'S FILE NUMBER 846420 ALSO
KNOWN AS A PORTION OF THE SOUTHEAST QUARTER OF
THE NORTHEAST QUARTER & ALSO A PORTION OF THE
NORTHEAST QUARTER OF THE SOUTHEAST QUARTER

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) PEGGY A. RIEDELL GRAHAM	COUNTY OFFICE/VFS OPERATOR NUMBER 29-01-04
SIGNATURE <i>Peggy A. Riedell Graham</i>	DATE 6/3/03

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 Licenses
If you need special accomodation



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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: P-48918

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)	
NAME OF REGISTERED OWNER GEORGE + SUSAN CZERWERTYNSKI REVOCABLE LIVING TRUST	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 <i>[Signature]</i>	DATE 6-3-03
SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of <u>Skagit</u> Signed or attested before me on <u>June 03</u> by _____ Printed Name of Applicant Signature _____ Notary of Agent Printed name of Notary Title _____ Dealership Position/Agent/Notary Dealer No. OR _____ AND: County/Office No. OR <u>19-0184</u> Notary Expiration Date