

RETURN ADDRESS



200308190104

Skagit County Auditor

8/19/2003 Page 1 of 2 12:10PM

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 077142 | YEAR 1993 | MAKE FLEETWOOD | LENGTH/WIDTH(FEET) X | VEHICLE IDENTIFICATION NUMBER (VIN) ORFLP48A15923BS |
|------------------------------|--------------|-------------------|-------------------------|--|

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P 16226

| | | | |
|-----|-------|------------------------------|----------------------------------|
| LOT | BLOCK | PLAT NAME Tract 4 5939-79 | SECTION/TOWNSHIP/RANGE 2-33-4 |
|-----|-------|------------------------------|----------------------------------|

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

| | | |
|---------------------|------------------------------------|-------------------------------|
| COUNTY NUMBER 29 | NUMBER OF REGISTERED OWNERS ONE | NUMBER OF LEGAL OWNERS ONE |
|---------------------|------------------------------------|-------------------------------|

NAME OF REGISTERED OWNER ANITA EVANS

NAME OF ADDITIONAL REGISTERED OWNER N/A

ADDRESS 18626 CHANTERELLE LN CITY MT. VERNON STATE WA ZIP CODE 98274

NAME OF LEGAL OWNER ANITA EVANS

NAME OF ADDITIONAL LEGAL OWNER N/A

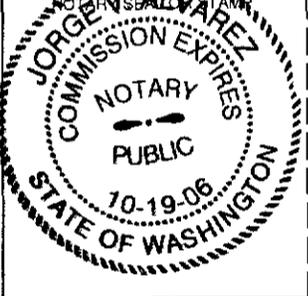
ADDRESS 18626 CHANTERELLE LN CITY MT. VERNON STATE WA ZIP CODE 98274

GRANTEE
 NAME ANITA EVANS

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 Anita Evans

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of SKAGIT Signed or attested before me on AUG 18 2003

by ANITA EVANS PRINT NAME OF REGISTERED OWNER Signature of ANITA EVANS NOTARY OR AGENT

by _____ PRINT NAME OF REGISTERED OWNER

Title _____ AND: _____ PRINTED NAME OF NOTARY
 County/Office No. OR Dealer No. OR Notary Expiration Date 10/19/06

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) Tiffanee Madden TITLE COMPANY / PHONE NUMBER First American Title-360-424-0115

SIGNATURE / POSITION Tiffanee Madden - Customer Service DATE 8-18-03

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 # 26275

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 Arita Evans

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 <u>Skagit</u> | Signed or attested before me on <u>8/19/03</u> |
| | by _____ PRINT NAME OF LEGAL OWNER | Signature <u>[Signature]</u> NOTARY OR AGENT |
| | by _____ PRINT NAME OF LEGAL OWNER | PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>290108</u> Notary Expiration Date |

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

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) <u>Kirsty Lerway</u> | COUNTY OFFICE/FS OPERATOR NUMBER <u>290108</u> |
| SIGNATURE <u>[Signature]</u> | DATE <u>8/19/03</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 Licensing has a policy of providing equal access to its services. If you need special accommodation, please call 1-800-541-8885.

