

RETURN ADDRESS

AMERICAN ESCROW

P.O. Box 1149

STANWOOD, WA. 98292

#20117

200308200031
Skagit County Auditor

8/20/2003 Page

1 of

2 10:01AM

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)
 2002 Palm 68 x 29 PH205098A/B

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY PARCEL NUMBER
4136-003-020-0000

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
 20 3 PLAT OF RESERVE ADDITION

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

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS
 1 1

NAME OF REGISTERED OWNER

SANFORD G. KERNEY

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS

18608 MASON CT.

CITY

Mt. Vernon

STATE

WA

ZIP CODE

98274

NAME OF LEGAL OWNER

COUNTRYWIDE HOME LOANS INC

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

CITY

STATE

ZIP CODE

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
County of

Inshomish

Signed or attested
before me on 2-10-03by SANFORD G. KERNEY
PRINT NAME OF REGISTERED OWNERSignature Claire Sciacca
NOTARY OR AGENTby
PRINT NAME OF REGISTERED OWNERCLAIRE SCIACCA
PRINTED NAME OF NOTARYTitle Notary Public
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 11-29-005
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 Ranson

SKAGIT COUNTY PERMIT CENTER 336-9410

BP01-1446

SIGNATURE / POSITION

DATE

Georgine Ranson Support Services

8/20/03

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	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	PRINT NAME OF LEGAL OWNER	NOTARY OR AGENT
by _____	PRINTED NAME OF NOTARY	
PRINT NAME OF LEGAL OWNER	County/Office No. OR	
Title _____	AND: Dealer No. OR	
DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date	

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

SEE EXHIBIT "A"

8 DEALER'S REPORT OF SALEI 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) Palm Harbor Village	WA DEALER NUMBER 4511	DATE OF SALE 8/3/01
PURCHASE PRICE 56770.00	TAX JURISDICTION/TAX RATE Skagit 7.6%	DEALER'S AUTHORIZED SIGNATURE Yunda Stout
<input type="checkbox"/> 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) PERRY A. RIEDEL SPATHAN	COUNTY OFFICE/VFS OPERATOR NUMBER 29-01-84
SIGNATURE Perry A. Riedel Spathan	DATE 8/20/03

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 Licensing has a policy of providing equal access to its services.
If you need special accommodation _____

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