RETURN ADDRESS			2 0 0 3 0 9 0 Skagit Count /8/2003 Page	8 0 2 7 6 y Auditor 1 of 2 12:35PM
STATE OF WASHINGTON Department of ICENSING Anyone who knowingly makes of a felony, and upon convicti	APPL s a false statement of a n	TURED HON LICATION naterial fact is guilty a fine, imprisonment,	TITLE ELIMIN TRANSFER IN REMOVAL FR	LOCATION OM REAL PROPERTY
1 MANUFACTUREDHOME		78		
PROPERTY YEAR OF THE PROPERTY	1 Bren E	NGTH/WIRD KEET) VEHIC LEGAL DES	CRIPTION ON PAGE	EMAB
MANUFACTURED HOME WIL	LBE AFFIXED Z	REMOVED	AL PROPERTY TAX PARCEL N	UMBER 335-2-001-0009
LOT 3 BLOCK	PLAT NAME	Λ	SECTION/T	OWNSHIP/RANGE
3 GRANTOR(S) REGISTER	D/LEGAL OWNER(S)	ADDITIONA	L NAMES ON PAGE _	
COUNTY NUMBER	NUMBER OF THE	EGISTERED OWNERS	NUMBER OF LEGAL	OWNERS
NAME OF REGISTERED OWNER YIL FILLIAN NAME OF ADDITIONAL REGISTERED C	WNER	N. a		
ADDRESS	_ 1, 4	ofty Da	STATE	ZIP CODE 48232
NAME OF LEGAL OWNER	hance Sto	An Feo	ples Bank	Same asab
NAME OF ADDITIONAL LEGAL OWNER	· '			
ADDRESS 1501 Risasia	tony Ru	CITY LAT VUMS	STATE	ZIP CODE #273
GRANTEE NAME			grande of the second	
I DO SOLEMNLY ATTEST UNIVERSICLE AND THIS INFORMA	DER PENALTY OF PERJ ATION IS ACCURATE: red Owner and Title, IF AP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ARE THE REGISTERED	OWNER(S) OF THIS
Signature of Additional Registe		A 12	n 6400 5	>
NOTART SEAL OR STAMP			RREGISTEREDOWNE	R(S) SIGNATURE
4 SEIGN EXPIARS	State of Washington County of	Skagit	Signed or aftested before me or	
MARION NOTON TO TARY NO SON MARION NO TON TO TARY NO TON TO TARK NO TO TARK NO TON TO TARK NO TO TARK NO TON TO TARK NO TO TARK NO TON TO TARK NO TO TARK NO TON TO TARK NO TON TO TARK NO TON TO TARK NO TO TARK NO TON TO TARK NO TO TARK NO TON TO TARK NO TON TO TARK NO TO TARK	by Eric Rich	ard Stark	_ Signature \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	GEN Francest
PUB 2000	by Onn Marie	Brooking ERED OWNER	MARIE Z PRINTED NAME OF NOTAL	78 S 76 T 1
STATE OF WAST	Title	GENT/NOTARY	AND:De	fice No. OR 8/15/04 aler No. OR 8/15/04 piration Date
4 TITLE COMPANY CERTIF	CATION		the real present the second	
I certify that the legal description NAME (TYPED OR PRINTED)	n of the land and ownershi		r the real property records	2/ 2/ 1/24

Lead Title Officer

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.

BLDG PERMIT #

DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

BLDG PERMIT OFFICE/PHONE #

I certify that:

NAME (TYPED OR PRINTED)

SIGNATURE / POSITION

5 BUILDING PERMIT OFFICE CERTIFICATION

6 SIGNATURE OF LEG	GAL OWNER	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE OF LEGAL	OWNER INDICATES CON	SENT FOR ELIMINATIO	ON OF TITLE / REMOVAL I	FROM REAL PROPERTY.
Signature of L	egal Owner and Title, IF APP	LICABLE		
Signature or E	sgar Owner and Title, IF AFF	LICABLE		
	egal Owner and Title, IF APP	LICABLE		
NOTARY SEAL OR STAN	NOTARI	ZATION/CERTIFICATION	ON FOR LEGAL OWNER(S) SIGNATURE
	State of Washington		Signed or attested	
	County of		before me or	1
	by		Signature	
	PRINT NAME OF LE	GAL OWNER	NOTARY OR A	GENT
	by			
	PRINT NAME OF LEG	GAL OWNER	PRINTED NAME OF NOTAR	RY ffice No. OR
	Title	ION/AGENT/NOTARY	AND:De	aler No. OR
Z I AND DESCRIPTION	N (A legal description of the			piration Date
/ LAND DESCRIPTION	(A legal description of the	e land can be obtained	irom the local County Ass	essor's Oπice
	8			
		A Company of the Comp	od or other state of the state	
	<u>.</u>		<u> </u>	
8 DEALER'S REPORT			<u> </u>	
	INFORMATION IS CORRECES TAX HAS BEEN COLLE		EAR OF ENCUMBRANCE	S EXCEPT AS SHOWN.
DEALER NAME (TYPED OR PR	, , , , , , , , , , , , , , , , , , , 		WA DEALER NUMBER	DATE OF SALE
PUACHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIG	NATURE	
USE TAX EXEN	IPT Sale to a Certified Tribal	member on the reservation	on (attach notarized stateme	ent of delivery).
9 COUNTY AUDITOR/	GENT LICENSING OFFICE	E APPROVAL: (Not for	use by Subagents)	
certify that the above appl the recording of this form	cation appears to have been c	completed correctly, and th	ne applicant has sufficient do	cumentation to proceed with
VAME (TYPED CAPRINTED)	ewilli	5	COUNTY OF CENES OF FRAT	OR WIMBER
Xall	1)000			9/02
O TRLE FEES	LICATION MOBILE HO	ME EEE COMMATION	FEE THEF TAX	
-ILING FEE APP	LICATION MOBILE HO	ME FEE ELIMINATION	FEE USE TAX	SUBAGENT FEES
	•		*\ 	TOTAL FEES'& TAX
	Once the application has Licensing Office, take yo Retain proof of the recor your original application	our application form to ding fees paid. If the	the County Recording Recording Office retains	Office.
APPLICA	Manufactured H		Vehicle Licensing office ng all required fees. Ve fee.	
	uctions on completing this Location, see form TD-			

The Department of Licensing has a µ If you need special accommodation,

