

68460



200312080172
Skagit County Auditor

12/8/2003 Page 1 of 2 4:08PM

RETURN ADDRESS

~~First American Title Company~~

~~PO Box 1667~~

~~Mount Vernon, WA 98273~~

01-68460 Cobine Consulting & Assoc.
307NE Birch St. #206
Camas, WA 98607

RECEIVED
Skagit County

APR 04 2002

Planning/Permit Ctr.

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)
	2000	PLMHRB	50 X 29	PH203718 AB

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
3877-000-076-0003 P64138

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
76		CEDARGROVE ON THE SKAGIT	

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

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

NAME OF REGISTERED OWNER
CHRISTOFERSON, ALAN G. CHRISAG5900R

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
46379 Baker Loop Road	Concrete	WA	98237

NAME OF LEGAL OWNER
PEOPLES BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
4183 Meridian Street 2nd Floor			

ADDRESS CITY STATE ZIP CODE
Bellingham, WA 98226

GRANTEE

NAME
To the Public

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]*

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY STATE OF WASHINGTON
KIM M. KERR
COMMISSION EXPIRES 12-15-05
NOTARY PUBLIC

State of Washington County of Skagit Signed or attested before me on 3-21-02

Alan G. Christoferson Signature Kimm Kerr
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

Kim M. Kerr
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title CLOVER AND: County/Office No. OR 1215105
DEALERSHIP POSITION/AGENT/NOTARY 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 # 336-9410 BLDG PERMIT # BPO2-0225

TAWNICE BOSMAN SKAGIT COUNTY ADMIN CENTER DATE

Tawnice Bosman Support Services 04/04/02

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

*Carol J Barber
for Peoples Bank*

Signature of Additional Legal Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Whatcom

Signed or attested
before me on 3-26-02

Peoples Bank by Carol J. Barber
PRINT NAME OF LEGAL OWNER

Jill Olson
SIGNATURE
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

Jill R. Olson
PRINTED NAME OF NOTARY

Title Notary

AND: County/Office No. OR
Dealer No. OR 12-1-2003
Notary Expiration Date

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

Lot 76, CEDARGROVE ON THE ^{SKAGIT} SKAGIT, as per plat recorded in Volume 9 of Plats, pages 48 to 51, inclusive, records of 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. ACCT # 601-614-424-5

DEALER NAME (TYPED OR PRINTED) PALM HARBOR VILLAGE WA DEALER NUMBER 4511 DATE OF SALE 04/02

PURCHASE PRICE \$ 46,098 TAX JURISDICTION/TAX RATE 2903/7.890 DEALER'S AUTHORIZED SIGNATURE *Mike A. Blaser*

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) Husty Lowery COUNTY OFFICE/VES OPERATOR NUMBER 290108

SIGNATURE *Husty Lowery* DATE 12/8/03

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
If you need special accommodation



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