

RETURN ADDRESS

~~The Cobble Corner~~
 The Post Closing Dept.
 307 NE Birch St.
 Suite 206
 Camas, WA
 605419 986007



200312080174

Skagit County Auditor

12/8/2003 Page

1 of

2 4:08PM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION		<input type="checkbox"/> 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 &125597	YEAR 1998	MAKE LAML	LENGTH/WIDTH(FEET) 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 117909	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			LEGAL DESCRIPTION ON PAGE _____		
			REAL PROPERTY TAX PARCEL NUMBER 350809-4-003-0100		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		2	
NAME OF REGISTERED OWNER JOHN R. LEGGS <i>RL</i>				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER JUDITH D. LEGGS <i>RL</i>				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 7787 LOGSDON LANE		CITY CONCRETE		STATE ZIP CODE WA 98237	
NAME OF LEGAL OWNER <i>Same as Above</i>				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
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 <i>John R. Leggs</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Judith D. Leggs</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <i>Skagit</i>		Signed or attested before me on <i>November 22, 2003</i>	
		by <i>John R. Leggs</i> PRINT NAME OF REGISTERED OWNER		Signature <i>Donna L. Crane</i> NOTARY OR AGENT	
		by <i>Judith D. Leggs</i> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <i>Donna L. Crane</i>	
		Title <i>Notary</i> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <i>12/19/05</i> 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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) <i>Georgine Rosson</i>		BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410		BLDG PERMIT # <i>96-0674</i>	
SIGNATURE / POSITION <i>Georgine Rosson</i>		DATE <i>12/8/03</i>		Permit Tech	

MANUFACTURED HOME - FROM SECTION 1

TPO/PLATE NUMBER &125597	YEAR 1998	MAKE LAML	LENGTH/WIDTH(FEET) 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 117909
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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 _____		AND:
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)

Lot 1Sp#91-104, app. Oct. 6 1994, rec Oct. 12 1994 in VII of Sp, p129 under AFN 941012004, being a ptn of the SE 1/4 of S8, T35N, R8E, W.M., and a ptn. of Gov. Lts 3&7, in S9, T35N, R8E, W.M. TOW and Subject to Easement as depicted on the face of the Short Plat as "Logsdon Lane"

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) Kirsty Lowery	COUNTY OFFICE/VFS OPERATOR NUMBER 290108
SIGNATURE Kirsty 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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Skagit County Auditor