

RETURN ADDRESS

Cobine Consulting & Assoc.
307 NE Birch St.
Suite 206
Camas, WA
73695 98607



200312080175

Skagit County Auditor

12/8/2003 Page

1 of

2 4:09PM

		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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2004	SKILN	66X28	B8910174S	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 47-76-000-001-0000		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		Algervally Acres			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER					
Rosemarie Moses					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
18911 Daisy Lane		Burlington	WA	98233	
NAME OF LEGAL OWNER					
Same as Above					
NAME OF ADDITIONAL LEGAL OWNER					
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					
1 Rosemarie Moses					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
GARY W. COBINE NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MARCH 15, 2007		State of Washington County of Clark Signed or attested before me on 7/14/03 by Rosemarie Moses Signature [Signature] PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by [Signature] PRINT NAME OF REGISTERED OWNER Title Notary PRINTED NAME OF NOTARY DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR 3/15/07 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)			BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #
Georgine Brosson			SKAGIT COUNTY PERMIT CENTER 336-9410		BP03-0553
SIGNATURE/POSITION					DATE
Georgine Brosson Permit Tech					12/8/03

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) SIGNATUREState of Washington
County of _____Signed or attested
before me on _____by _____
PRINT NAME OF LEGAL OWNERSignature _____
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY**AND:** County/Office No. OR
Dealer No. OR
Notary Expiration Date _____**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 1 "PLAT OF ALGER VALLEY ACRES" as recorded
May 7, 2001 under Skagit County Auditor's
File No. 200105070084**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)

COACH CORRAL INC

WA DEALER NUMBER

4278

DATE OF SALE

9-3-03

PURCHASE PRICE

68680 -

TAX JURISDICTION/TAX RATE

7.8

DEALER'S AUTHORIZED SIGNATURE

Linda Milbourn

☐ **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 Leroy

COUNTY OFFICE/VEHICLE OPERATOR NUMBER

290108

SIGNATURE

Kirsty Leroy

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 p
If you need special accommodation,200312080175
Skagit County Auditor