

RETURN ADDRESS

Ronald L. Queen

1/23/2004	Page	1 of	2	3;20F W
1/23/2004				

7652 S. Park	Avenue				
Concrete, WA	98237				
		·····			
	gd s				LAND TITLE OF SKAGIT COUNTY
#109560-PE	<u> </u>				DI FACE OUFOX ONE
STATE OF WASHING Department of	<b>.</b>		CTURED H	IOME	PLEASE CHECK ONE TLE ELIMINATION
<u> [ICENS</u>			PLICATION		ANSFER IN LOCATION  MOVAL FROM REAL PROPERTY
Anyone who knowing of a felony, and upon	gly makes a fall conviction ma	se statement o av be punished	f a material fact is gu by a fine, imprison:	ility —	
1 MANUFACTURE	78 8 7 BU	Ą			
TPO / PLATE NUMBER		MÄKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFIC	ATION NUMBER (VIN)
NEW 2 LAND	2003	Skyline	44 <b>X</b> 27	L DESCRIPTION	0   6 8 9
MANUFACTURED H	OME WILL BE	AFFIXED	REMOVED	4795-000	Y TAX PARCEL NUMBER -016-0000 P119229
LOT ВL	.оск	PLAT NAME Cedar P	ark Plat		SECTION/TOWNSHIPFRANGE
3 GRANTOR(S) RE	GISTERED/LE			TIONAL NAMES	
COUNTY NUMBER		NUMBER C	OF REGISTERED OWNERS	S NU	MBER OF LEGAL OWNERS  1
NAME OF REGISTERED OV	VNER			, L,	
Queen, Ronal	d L.	<u> </u>			
		<u>\</u>	OTY		STATE ZIP CODE
ADDRESS 7652 S. Park	Δυρημο.	Concrete	WA 98237		STATE ZIP CODE
NAME OF LEGAL OWNER	. Avenue.	<u>oonerete</u> ;		A <sub>n</sub>	
Golf Savings	Bank BAL OWNER		And the second of the second o		
			- San		CTATE TIP COPE
ADDRESS _ 218+h	Street S	LW. Suit	city e 2, Mountla	ko Torrace	STATE ZIP CODE
GRANTEE	<u> </u>	Buit	<u> </u>		<u> </u>
NAME					
I DO SOLEMNLY ATT	TEST UNDER P	ENALTY OF P	ERJURY THAT I/W	E AM/ARE THE	REGISTERED OWNER(S) OF THIS
			 FAPPLICABLE	mark	Farm.
Signature of Additional		vner and Title, IF	TION/CERTIFICATION	ON FOR REGIST	ERED OWNER(S) SIGNATURE
42 ST SS 10 A	Stat	e of Washington	G1	**************************************	ned or attested 12 17-12
ATCH SO	3\ A\	County of	Skagit		before me on 12-17-05
( (	by	Konald PRINT NAME OF RE	L- Queer	Signatur Signatur	NOTATY OF AGENT
9-20 7-20	07 /8/			She	ney L. Nevitt
OF WA	SHING Title	PRINT NAME OF RE	GISTERED OWNER	PRINTED	County/Office No. OR
VVA	Title	EALERSHIP POSIT	ION/AGENT/NOTARY	AN	ID: Dealer No. OR 3-7-6 / Notary Expiration Date
4 TITLE COMPANY I certify that the legal of	CERTIFICATIO	ON and owner	rehin is true and corre	ect per the real pro	operty records.
NAME (TYPED OR PRINTED		statid and owner		E COMPANY / PHONE	
SIGNATURE / POSITION			<u>,</u>		DATE
			thin 10 calendar day	s of the date Tit	e Company Representative signs.
5 BUILDING PERM			peen affixed to the rea	al property as desi	cribed.
I certify that:	a building per	mit has been iss	ued for this purpose a	and the attachme	nt will be inspected upon completion,
NAME (TYPED OR PRINTER SIGNATURE / POSITION	C012 11	1C/C	DG PERMIT OFFICE/PHO	3401	BLDG PERMIT # DATE

1	Samuelle II. Samuelle Samuelle Sam								
6 SIGNAT	URE OF LE	GAL OWNE	3						
SIGNATUR	E OF LEGA	L OWNER IN	IDICATES CON	SENT FOR	ELIMINATIO	N OF T	PLE / REMOVA	L FROM REAL	PROPERTY.
s	ignature of I	_egal Owner a	and Title, IF APPI	ICABLE _	Sance	Ven	Eden		
Signature of	Additional	Legal Owner a	und Title, IF APPI	ICABLE			<u>'</u>	_	
NOTARY	SEAL OF STA	MR <sub>1</sub>	- 10 - 2-		RTIFICATIO	N FOR I	EGAL OWNER	R(S) SIGNATUR	E
معملي موروني	AMAGO.	Star	te of Washington County of	Shi	DN18D	_	Signed or attes before me	ted / 1/19/	13
9	3/10/2	SON	PRINT NAME OF LEG	GAL OWNER	1-hino	Sig	nature Morany S	Maria Con	EN O
	110111111111111111111111111111111111111	Бу	PRINT NAME OF VE	SAL OWNER	MIL	<i></i>	NTED NAME OF NO	TARY	<del>/</del>
111	NOTON	Title	12	My	DTARY		AND:	r/Office No. OR of Dealer No. OR Expiration Date	4/1/05
7 LAND D	ESCRIPTIC	N (A legal d	escription of the	aland can l	e obtained f	rom the	local County A	Assessor's Offic	ce
Was	hington	•	le No. 200				_	County,	100 III
	nio mcnor	TOF 64			The state of the s				
8 DEALE			ION IS CORREC	THE VE	HICLEISO	FAR OF	ENCLIMBRANCE	CES EYCEDT A	SSHOWN
			S BEEN COLLE		The second of		LITOUMBAAIT		3 3now.
DEALER NAME	(TYPED OR P	_ ^	<del></del>		· ;	1 5	EA NUMBER	DATE OF SAL	
<u>COA</u>	CH C	ORRA		ے			<u> 876</u>	12-19	7-0 <i>3</i>
PURCHASE PR 5924	,	TAX JURISD	CTION/TAX RATE	DEALER'S A	THORIZED SIG	NATURE V/V	04 -		
		MDT Coloto	Continued Tribal		naco	1110	coour	<u>nU</u>	
			a Certified Tribal ENSING OFFICE			<del></del>		ment of delivery	) <b>.</b>
			ars to have been o	/				documentation t	o proceed with
the recording				ompietedic	niectly, and th	e applica	urtilas sunici <del>o</del> ra	uocumentation t	o proceed with
NAME /TYPED	OR PRINTED)	- : -	DELL 6	<u>~</u> ₽01	Ln n1	COUNTY	OFFICE/VES OPER	ATOR NUMBER	
SIGNATURE	174/	1116	DELLY	AKHT	HIV		<u> </u>	DATE	
	and	100	2000 X	raha	111			1/2	2/24
10 TITLEF	EES	es que		cerce	<i></i>				<del>-7/0/</del>
FILING FEE	AF	PPLICATION	MOBILE HO	ME FEE	ELIMINATION	FEE	USE TAX	SUBAGE	NT FEES
								TOTAL	EES & TAX
IMPOR	RTANT:	Licensing Retain pro	application has Office, take yo of of the recor al application	ur applica ding fees	tion form to paid. If the	the Co Recordi	unty Recordiring Office reta	ng Office.	
	APPLIC	М	nce recorded, anufactured H ensing subage	ome Appli	cation, payi	ng all re	Licensing offi equired fees.	ce to file the Vehicle	
			completing this , see form TD-						

The Department of Licensing has a <u>policy of providing equal access to its services</u>
If you need special accommod: