

RETURN ADDRESS

Chicago Title - Island Division
3110 Commercial Avenue - Suite 101
Anacortes, WA 98221
AE 9134



200401280060

Skagit County Auditor

1/28/2004 Page 1 of 2 11:29AM

C26922

CHICAGO TITLE CO.

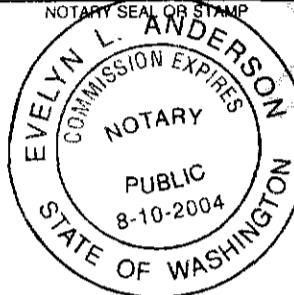
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
@80160	1976	BAYFR	64 X 24	5559	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER P65117 & P65116	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
54 & 55		DEWEY BEACH NO. 4			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2			
NAME OF REGISTERED OWNER JERRY STURDEFANT					
NAME OF ADDITIONAL REGISTERED OWNER ODETTA STURDEFANT					
ADDRESS		CITY	STATE	ZIP CODE	
1004 Commercial Avenue #265		Anacortes	WA	98221	
NAME OF LEGAL OWNER JERRY STURDEFANT					
NAME OF ADDITIONAL LEGAL OWNER ODETTA STURDEFANT					
ADDRESS		CITY	STATE	ZIP CODE	
1004 Commercial Avenue #265		Anacortes	WA	98221	
GRANTEE					
NAME					
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 of Additional Registered Owner and Title, IF APPLICABLE <i>Odetta Sturdefant</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>10-15-03</u>	
		by <u>Jerry Sturdefant</u> PRINT NAME OF REGISTERED OWNER		Signature <i>Evelyn L. Anderson</i> NOTARY OR AGENT	
		by <u>Odetta Sturdefant</u> PRINT NAME OF REGISTERED OWNER		Signature <i>Evelyn L. Anderson</i> PRINTED NAME OF NOTARY	
		Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>8-10-04</u>	
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			
<i>Evelyn L. Anderson</i>		Chicago Title 360 293-4664			
SIGNATURE / POSITION		DATE			
<i>Evelyn L. Anderson - Escrow Assistant</i>					
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 #	
<i>Georgine Rosson</i>		SKAGIT COUNTY PERMIT CENTER 336 940		578-070/8010	
SIGNATURE / POSITION		DATE			
<i>Georgine Rosson Support Services</i>		5/20/03			

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 _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>10-15-03</u>
	by <u>Jerry Sturdefant</u> PRINT NAME OF LEGAL OWNER	Signature <u>Evelyn L. Anderson</u> NOTARY OR AGENT
	by <u>Odetta Sturdefant</u> PRINT NAME OF LEGAL OWNER	Signature <u>Evelyn L. Anderson</u> PRINTED NAME OF NOTARY
	Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>8/10/2004</u> Notary Expiration Date

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

Lots 54 and 55, DEWEY BEACH ADDITION NO. 4, according to the plat thereof recorded in Volume 7 of Plats, page 50, records of Skagit County, Washington

Situated in Skagit County, Washington

8 DEALER'S REPORT OF SALEI 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	
<input type="checkbox"/> 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
SIGNATURE	DATE

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 policy of providing equal access to its services.
If you need special accomm



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Skagit County Auditor