

RETURN ADDRESS



200401290080
Skagit County Auditor

1/29/2004 Page 1 of 2 1:06PM

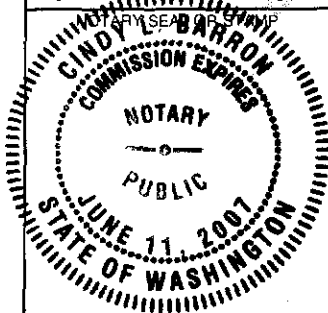
| STATE OF WASHINGTON Department of Licensing | | MANUFACTURED HOME APPLICATION | | PLEASE CHECK ONE | |
|---|--------------------|---|-----------------------|--|---|
| Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210) | | | | <input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER F289131 | | YEAR 2-15-01 | MAKE SKAGIT | LENGTH/WIDTH(FEET) 27X44 | VEHICLE IDENTIFICATION NUMBER (VIN) 9U91-0583-N |
| 2 LAND LEGAL DESCRIPTION ON PAGE _____ | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | REAL PROPERTY TAX PARCEL NUMBER P120489 | |
| LOT 8+9 | BLOCK 19 | PLAT NAME | | SECTION/TOWNSHIP/RANGE 24-35-04 | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____ | | | | | |
| COUNTY NUMBER | | NUMBER OF REGISTERED OWNERS 1 | | NUMBER OF LEGAL OWNERS 1 | |
| NAME OF REGISTERED OWNER STEPHEN STRAIGHT | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| ADDRESS 324 MURDO | | CITY Sedro-Woolley | | STATE WA | ZIP CODE 98284 |
| NAME OF LEGAL OWNER SAME as above | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| GRANTEE | | | | | |
| NAME STEPHEN STRAIGHT | | | | | |
| 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>Stephen Straight</i> | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| State of Washington County of Skagit | | Signed or attested before me on 1/13/04 | | | |
| by Stephen Straight PRINT NAME OF REGISTERED OWNER | | Signature <i>Cindy L. Barron</i> NOTARY OR AGENT | | | |
| by _____ PRINT NAME OF REGISTERED OWNER | | PRINTED NAME OF NOTARY Cindy L. Barron | | | |
| Title Notary DEALERSHIP POSITION/AGENT/NOTARY | | AND: County/Office No. OR Dealer No. OR 6/11/07 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 type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion. | | | | | |
| NAME (TYPED OR PRINTED) ARON MCCOMB | | BLDG PERMIT OFFICE/PHONE # 360-855-0771 | | BLDG PERMIT # 1577 | |
| SIGNATURE / POSITION <i>ARON MCCOMB</i> BUILDING OFFICIAL | | DATE 1/13/04 | | | |

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 Ly Straight

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SkagitSigned or attested
before me on 1/13/04by Stephen Straight
PRINT NAME OF LEGAL OWNERSignature Cindy L. Barron
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNERPRINTED NAME OF NOTARY Cindy L. BarronTitle Notary
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 12/11/07
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**JUNCTION TO SEDRO, Block 19 Lot 8 & 9 (SWFC)
4166-019-009-0100**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)

COUNTY OFFICE/VEHICLE 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 accommodation, please200401290080
Skagit County Auditor