

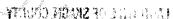
RETURN ADDRESS

Land Title Company of Skagit County
P.O. Box 445

111 East George Hopper Road
Burlington, WA 98233

2/5/2004 Page 1 of 2 3:49PM

109567-PE		KA		
	<u> </u>	LAND TITLE OF SKAGIT COUNTY		
STATE OF WASHINGTON Department of ICENSII Anyone who knowingly rof a felony, and upon col	5°	TURED HOME ICATION laterial fact is guilty a fine, imprisonment, or t	☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
MANUFACTUREDHO	OME			
			DENTIFICATION NUMBER (VIN)	
	975 Barrington 2		031305S3903 IPTION ON PAGE	
2 LAND			ROPERTY TAX PARCEL NUMBER	
MANUFACTURED HOME	WILLBE AFFIXED 🗌	REMOVED P	28007	
27 & 34	PLAT NAME Peavey's	Acreage	section/township/range 17,20,21,22 & 28/35/5	
	TERED/LEGAL OWNER(S)		NAMES ON PAGE	
COUNTY NUMBER	NUMBER OF REI 2 (t	GISTERED OWNERS	NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER	ેન્ કૃષ્ટી _{કુ} ર્ટ			
A. Milton Johns NAME OF ADDITIONAL REGISTE		- white a second		
J. Louise Johns	The state of the s			
ADDRESS 27097 Hoehn Roa	d Sec	city lro Woolley	state zip code WA 98284	
NAME OF LEGAL OWNER				
First Mutual Ba				
NAME OF ADDITIONAL LEGAL C	WNER			
ADDRESS		CITY	STATE ZIP CODE	
	ie N.E., Ste 301, B		004	
GRANTEE		The state of the s		
NAME		11		
VEHICLE AND THIS INFO	DRMATION IS ACCURATE: gistered Owner and Title, IF APF	PLICABLE >	THE REGISTERED OWNER(S) OF THIS Millon Juliuson	
Signature of Additional Re NOTARY SEAL OR STAMP	gistered Owner and Title, IF API		EGISTERED WNER(S) SIGNATURE	
PAEN ASA	State of Washington County of		Signed or attested before me on 12/16/03	
ONOTARY	by A. Milton Jo		Signature Kotary OR AGENT	
图 PUBLIC	by J. Louise Jo		Karen Ashley	
9-11-06	PRINT NAME OF REGISTE	ERED OWNER	PRINTED NAME OF NOTARY County/Office No. OR 9/11/06 AND: Dealer No. OR 9/11/06	
MASHINGS	Title	AGENT/NOTARY	Notary Expiration Date	
4 TITLE COMPANY CE	RTIFICATION			
certify that the legal desc	ription of the land and ownership		real property records.	
Karen Ashley	La	and Title Compar		
SIGNATURE / POSITION	Alex Escro	w Officer	2-5-04	
	With a Licensing Agent within FFICE CERTIFICATION	To carefular days of the c	late Title Company Representative signs.	
Bat th	e manufactured home has been	affixed to the real property for this purpose and the att	as described. achment will be inspected upon completion.	
NAME (TYPED OR PRINTED)		ERMIT OFFICE/PHONE #	BLDG PERMIT #	
Elaine	Pitman .	360336-9410	/3203	
SIGNATURE / POSITION	(a)		DATE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<u>Elais</u>	re putman	SKAGIT COUNT	PERMIT CENTER	



	EGAL OWNER				
SIGNATURE OF LEG		ATES CONSENT F	OR ELIMINATION	OF TITLE/ REMOVA	L FROM REAL PROPERTY
Signature o	f Legal Owner and T	itle, IF APPLICABLE	- Che	u A. Kin	9
Signature of Additiona	I Legal Owner and T	itle. IE APPLICABLE	= FIRST	MUTUAL BAN	J J
HOTARY OF THE PROPERTY	See .	Alexander Company	A) 12-17	HORLKEN COVALEY	***
Sept Miles	State of	Washington ~/		Signed or attor	tod
SIN OF ISSUE	(to 7)	County of	<u>~i&</u>	before me	eon 12-19-03
PUBL STATES	TE CI	NOTARIZATION Washington County of ICK NAME OF LEGAL OWNE NAME OF LEGAL OWNE ERSHIP POSITION/AGEN	K; Ng	_ Signature <u>Uca</u>	nue J. Skden RAGENT L. KEda
7.763		irst Di	HUAL BANK	DiAnne	L. Réda
THE OF WA	PRINT	NAME OF LEGAL OWNE	ER .	PRINTED NAME OF NO	
1100000000	Title	ERSHIP POSITION/AGEN	ET/NOTA DV	AND:	Dealer No. OR
LAND DESCRIPTI	ON (A legal descri	intion of the land c	an be obtained fro	om the local County A	Expiration Date 8-81-05
EARL DECOMME		parent or any ranks of	an se obtained in	4, Tract Two,	
	•			-	NSHIP 35 NORTH,
		9 /	ë e		ume 3 of Plats,
page 37, reco		V. Apr.	74		
	_	2 2	-	kagit County	for road purposes
		1/4			Skagit County,
Washington.		,	Provide State of the State of t	<u> </u>	
Situate in th	e County of	Skagit, Sta	te of Washi	ngton.	
DEALER'S REPO				<i>,</i>	
ANY REQUIRED S.				AR OF ENCUMBRANC	CES EXCEPT AS SHOWN.
EALER NAME (TYPED OR	·······	- PT-V-8-2-16-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	1.73	VA DEALER NUMBER	DATE OF SALE
URCHASE PRICE	TAX JURISDICTIO	N/TAX RATE DEALER	'S AUTHORIZED SIGNA	TURE	
				(attach notarized state	ment of delivery).
COUNTY AUDITO					
certify that the above ap ne recording of this for		have been complete	d correctly, and the	applicant has sufficient	documentation to proceed witt
AME (TXPED OR PRINTED				OUNTY OF FICE AFE PEF	RATOR NUMBER
PERGY	ATIE	FUSA	AHAM	27-01	-04
BNATURE (000	alexand	i (* 1	PATS-5-14
O TITLE ESEC	4 2 2 2 9 EV	all the	anauu_	·	1201
ILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FE	E USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
IMPORTANT:	Licensing Office Retain proof or	e, take your appl f the recording fe	lication form to the es paid. If the Ri	County Auditor / Vone County Recordire County Recordire Cording Office retacopy of the recorde	ng Office.
APPL	Manuf		oplication, paying	chicle Licensing offi gall required fees. Vee.	
Ear full inc	structions on com	pleting this form f	or Title Eliminati	on, Removal from F	Real Property

The Department of Licensing has If you need special accommoda.

