



200402120110

Skagit County Auditor

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200401280060

Skagit County Auditor

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## RETURN ADDRESS

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

C26922

CHICAGO TITLE CO.

Re-Record to add Dept Licensing signature

MANUFACTURED HOME  
APPLICATION

PLEASE CHECK ONE

- ☒ TITLE ELIMINATION  
☐ TRANSFER IN LOCATION  
☐ 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 ☒ AFFIXED ☐ REMOVEDREAL 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

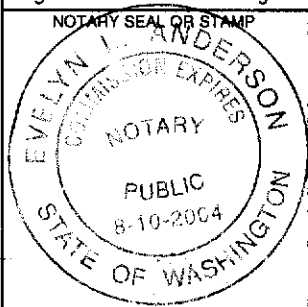
## GRANTEE

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



## NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington  
County of SkagitSigned or attested  
before me on 10-15-03by Jerry Sturdefant  
PRINT NAME OF REGISTERED OWNER

Signature Evelyn L. Anderson

by Odetta Sturdefant  
PRINT NAME OF REGISTERED OWNER

Signature Evelyn L. Anderson

Title Notary Public  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR  
Notary Expiration Date 8-10-04

## 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

Evelyn L. Anderson Chicago Title 360 293-4664

SIGNATURE / POSITION DATE  
Evelyn L. Anderson - Escrow Assistant

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

## 5 BUILDING PERMIT OFFICE CERTIFICATION

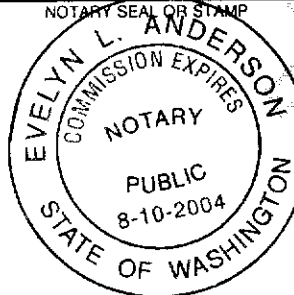
I certify that: ☒ the manufactured home has been affixed to the real property as described.  
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
Georgine Rosson	SKAGIT COUNTY PERMIT CENTER 336 940	578-070/8010
Signature / Position		DATE
Georgine Rosson Support Services		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]Signature of Additional Legal Owner and Title, IF APPLICABLE Odetta Sturdefant

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	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	PRINTED NAME OF NOTARY <u>Evelyn L. Anderson</u>
	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 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	
<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) <u>Rusty Lervey</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Rusty Lervey</u>	DATE <u>2/12/04</u>

**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  
If you need special accommodations



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