

RETURN ADDRESS

CHICAGO TITLE COMPANY

3110 Commercial, Suite 101

Anacortes, Wa 98221

200402180139
Skagit County Auditor

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C27478✓

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 checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Karsten	60 X 26.6	23456 350325767	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 3822-000-125-0000	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
125		Skyline Number 6			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		2	
NAME OF REGISTERED OWNER WALTER MUELLER					
NAME OF ADDITIONAL REGISTERED OWNER AELNE MUELLER					
ADDRESS		CITY	STATE	ZIP CODE	
2501 Baron Place		Anacortes	WA	98221	
NAME OF LEGAL OWNER WALTER MUELLER					
NAME OF ADDITIONAL LEGAL OWNER AELNE MUELLER					
ADDRESS		CITY	STATE	ZIP CODE	
2501 Baron Place		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 X <i>Walter Mueller</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE X <i>Aelne Mueller</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of <i>Maricopa</i>		Signed or attested before me on <i>2-13-04</i>			
by <i>Walter Mueller</i> PRINT NAME OF REGISTERED OWNER		Signature <i>Barbara C. Kinnan</i> NOTARY OR AGENT			
by <i>Aelne Mueller</i> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY BARBARA C. KINNAN			
Title <i>Notary Public</i> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 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) <i>Donna M. Todd</i>		TITLE COMPANY / PHONE NUMBER Chicago Title Co. 360-293-4664		DATE <i>1-15-03</i>	
SIGNATURE / POSITION <i>Donna M. Todd, LPO</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 checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) <i>Larry Andrews</i>		BLDG PERMIT OFFICE/PHONE # 360 293-1901 BLD-2003-8785		BLDG PERMIT #	
SIGNATURE / POSITION <i>Peg Arch</i> Building Inspector				DATE <i>1/30/04</i>	

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 *Walter F Mueller*Signature of Additional Legal Owner and Title, IF APPLICABLE *Elene Mueller***NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of ~~Washington~~ *Maricopa*
County of *Maricopa*Signed or attested before me on *2.13.04*by *WALTER MUELLER*
PRINT NAME OF LEGAL OWNERSignature *Barbara C Kinnan*
NOTARY OR AGENTby *ELENE MUELLER*
PRINT NAME OF LEGAL OWNER*BARBARA KINNAN*
PRINTED NAME OF NOTARYTitle *Barbara C Kinnan* AND:
DEALERSHIP POSITION/AGENT/NOTARYCounty/Office No. OR
Dealer No. OR
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 125 SKYLINE NO. 6, according to the plat thereof recorded in Volume 9 of Plats, pages 64 through 67, records of Skagit County, Washington.

Situate 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)

Vic Cox Home Center

WA DEALER NUMBER

4427

DATE OF SALE

06-27-2003

PURCHASE PRICE

67,669⁰⁰

TAX JURISDICTION/TAX RATE

3101 8.5

DEALER'S AUTHORIZED SIGNATURE

Karen Pursell☐ 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)

Rodriguez Angulo

COUNTY OFFICE/VES OPERATOR NUMBER

290102

SIGNATURE

DATE

02-18-04

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, () call 1-800-664-8885.

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