



200402250051

Skagit County Auditor

2/25/2004 Page

1 of

2 9:32AM

RETURN ADDRESS

Jerrey Anderson Sr.
Carol A. Anderson
29580 Lyman-Hamilton Hwy
Sedro Woolley WA 98284
B74335

STATE OF WASHINGTON Department of LICENSING **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)
	2004	Skag	52 X 40	2T9102575

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 356513-0-014-0003

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		Sec 13 Twn 35, Rng 5	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	2	2

NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER		
Jerrey A. Anderson Sr.			
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER		
Carol A. Anderson			
ADDRESS	CITY	STATE	ZIP CODE
29580 Lyman-Hamilton Hwy	Sedro Woolley	WA	98284
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER		
Same As Above			
NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

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]*

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 2-23-04

by Jerrey A. Anderson Sr. Signature *[Signature]* NOTARY OR AGENT
 PRINT NAME OF REGISTERED OWNER

by Carol A. Anderson Katie E Hickok
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 17-07
 DEALERSHIP POSITION/AGENT/NOTARY

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: 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 #
Elaine Pitman	SKAGIT COUNTY PERMIT CENTER 336-9410	BP03-0823
SIGNATURE / POSITION	DATE	
Elaine Pitman	SKAGIT COUNTY PERMIT CENTER	2-13-04

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 [Signature]

Signature of Additional Legal Owner and Title, IF APPLICABLE [Signature]

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>2-23-04</u>
	by <u>Kerry A. Anderson</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Carol A. Anderson</u> PRINT NAME OF LEGAL OWNER	<u>Katie E. Hickok</u> PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>1-7-07</u>	

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

Tract 2, Short Plat No. 99-78, located in Section 13, Township 35 North, Range 5 East, W.M., approved June 17, 1981, and recorded in Volume 5 of Short Plats, Page 95, under Auditor's File No. 8107090010, records of Skagit County, Washington.
 TOGETHER WITH and SUBJECT TO an easement for road and utilities over and across a private lane, as delineated on the face of

8 DEALER'S REPORT OF SALE Said Short Plat No. 99-78

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) <u>Coach Corral</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>12-4-03</u>
PURCHASE PRICE <u>92695-</u>	TAX JURISDICTION/TAX RATE <u>7.9</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>
<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>PEGGY A. RIEDELL-GRAHAM</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>[Signature]</u>	DATE <u>2/24/04</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 has a policy of providing equal access to its services. If you need special accommodation,



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