

RETURN ADDRESS

FIRST AMERICAN TITLE COMPANY PO Box 1667 Mt. Vernon, WA 98273 01-63728

	200403230041 Skagit County Auditor									
3/23/2004	Page	1	of	2	9:42AM					

	2-22 9				
<u> </u>	2128	44			
STATE OF WASHING Department of ICENS Anyone who knowing	ING gly makes a false	ANUFACTURE APPLICATI statement of a material factor be punished by a fine, imp	ON INTERPORT	PLEASE CH TITLE ELIMINATION RANSFER IN LOC REMOVAL FROM R	N ATION
	A No. 1 A A A	be punished by a line, linp	risonnient, or both.	(1017 48.12.210)	
MANUFACTURES TPO / PLATE NUMBER	YEAR MA	KE LENGTH/WIDTH	(FEET) VEHICLE IDENTIF	FICATION NUMBER (VIN)	
		306 Z8 X6		7472A/B	<u>. :</u>
2 LAND	<u> </u>		LEGAL DESCRIPTION		
MANUFACTURED HO	OMEWILL BE	AFFIXED REMOVE	D REAL PROPE	TYJAY010=0305=1	
LOT BL	-ock	PLAT NAME		section township 20, 36N, 4	P/RANGE E
3 GRANTOR(S) RE	GISTERED/LEG/	LOWNER(S)	ADDITIONAL NAME	SON PAGE	
COUNTY NUMBER	***	NUMBER OF REGISTERED O	WNERS	NUMBER OF LEGAL OWNER 1	as
NAME OF REGISTERED OV	YNEA				:
BRYANE	MORAN				
NAME OF ADDITIONAL REG TAMI MOR.		Carlot and the second			
ADDRESS MOR	AN	CITY		STATE ZIF	CODE
19961 Pars	on Creek Ro	ad Sedro	Woolley, WA		98284
NAME OF LEGAL OWNER	ANCE	V.	A Section of the Sect	Upr Namber	
CONSECO FIN.		,		PIEROBJ	381CL
,		<u> </u>			
ADDRESS	-	CITY			CODE
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u>:0. 336-</u>	th St Ste	<u> 202 Fed</u>	eral way	48062
NAME					<u> </u>
		Mary of PES Miny THAT		DECISTEDED OWN	ED/EVOE THIS
VEHICLE AND THIS	NEST UNDER PER NEORMATION IS	NALTY OF PERJURY THAT ACCURATE:	I I WE ANVAHE THE	REGISTERED OWN	ER(S) OF THIS
Signature o	of Registered Owns	er and Title, IF APPLICABLE	LAM m	& MO	Can_
			11 000	Moro	
NOTARY SEAL OR ST	I Registered Owne	er and Title, IF APPLICABLE NOTARIZATION/CERTIFIE		v	GNATURE
LIM M. K.	State o	fWashington		anod or attacted	
STAIL SOUNCE	'%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	County of SKAGI	T	before me on	2-18-00
(S NOTARY	by <u>E</u>	BRYANE MORAN	Signat	ure Kin M	lepp).
ON PUBLIC	PAIN	IT NAME OF REGISTERED OWNER	R	NOTARY OR AGENT	
12-15-200		AMI MORAN IT NAME OF REGISTERED OWNER		M M. KERR	
OF WAS	HING_	Notary		County/Office No.	OR 12-15-61
		LERSHIP POSITION/AGENT/NOTA	RY	Notary Expiration I	Date /
4. TITLE COMPANY I certify that the legal d	escription of the la	nd and ownership is true and	d correct per the real p	property records.	
NAME (TYPED OR PRINTED			TITLE COMPANY / PHO		
SIGNATURE / POSITION					DATE
Finalize this applicat	ion with a Licens	ng Agent within 10 calend	ar days of the date T	itle Company Repres	entative signs.
5 BUILDING PERM	IT OFFICE CERTII	FICATION			
r certify that:	a building permit	d home has been affixed to t has been issued for this pur	pose and the attachm	ent will be inspected up	
NAME (TYPED OR PRINTED		BLDG PERMIT OFFICE	DEPHONE # 336 90	`	-1720
SIGNATURE / POSITION	BOSHAN	SUTES IT WORK	(7)		DATE

The same and the same of the s									
6 SIGNATURE									
SIGNATURE OF	LEGAL OWNE	R INDICAT	ES CONSENT FOR	ELIMINATION	HOETITL	E/REMOV	AL FROM	REAL PRO	OPERTY.
Signatu	re of Legal Owr	ner and Title	e, IF APPLICABLE 🤇	JOHLE	10	M	<u>-</u>	fund	er
Signature of Addit	ional Legal Owr	ner and Title	e, IF APPLICABLE _						
NOTARY SEAL C	R STAMP	January January	NOTARIZATION/C	ERTIFICATION	V FOR LE	GAL OWN	ER(S) SIG	NATURE	
O LAN	A L ACT	by Jo	ashington County of JO/S AME OF LEGAL OWNER	had	Signat			2 2 majt	aly will
A LAND DESCRIPTION	3.04	Title 1/V	AME DE LEGAL OWNER	OTARY		AND:	NOTARY nty/Office No Dealer No ry Expiration	o. OR	3.09
7 LAND DESCR	PTION (A leg	al descrip	tion of the fand can	be obtained fr	om the lo	cal County	/ Assesso	r's Office	
Beg. at a property and distance et ux by in line of the thence N3* along said	of 100' of 100' ostrument e C.C.C. 14'43" W Nly line	the Nly Deed re from the rec. 9 Rd; the to the 100' o	the SE1/4 or y line of the sec. 3/16/73, ne NW corner 0/10/69, as A ence N75*15'Ve Nly line of the point on as Tr 2 of	at certai as AFN 7 of that AFN 73091 Valong s f said Ha of begin	n trac 82021 tract 6; the aid N1 stings ning.	t convolution which sold to noe S3 y line tract	eyed to point of Dale * 14'43 a dist	Larry If N75* R. You B"E to tance o	R. 15'W ng, the N1 f 100'
B DEALER'S R	FPORT OF SAI	F	<u> </u>						
I CERTIFY THA	T THIS INFOR	MATION IS	CORRECT. THE VE	HICLE IS CLE	AR OF E	ARBMUON	NCES EXC	CEPT AS SI	HOWN.
DEALER NAME (TYPE) Lamplighte:	OR PRINTED)				WA DEALER	4600		E OF SALE	0
USETA	CEXEMPT Sal	7. Lo e to a Certif	TAX RATE DEALERS fied Tribal member or G OFFICE APPROV	au/M, the reservation	all n (attach n		atement of o	delivery).	
certify that the abo	ve application a	ppears to ha	ave been completed c	orrectly, and the	applicant	has sufficie	ntdocume	ntation to pro	ceed with
The recording of this		YO	Angle	`	COUNTY OF		PERATOR NU	MBER	
SIGNATURE	17/10	$ \leftarrow $	1 11 3 1	<u></u>		177	DATE	2/2	-100
		/						1/2	<i>701</i>
O TITLE FEES	4 DOLLOATION	, . 	Tion s houses	Tel manation e) /	<u>, </u>
FILING FEE	APPLICATION		MOBILE HOME FEE	ELIMINATION F	==	USE TAX		SUBAGENT F	EES
IMPORTAN	Licens Retain	ing Office proof of t	ation has been ap , take your applica he recording fees blication form, obta	ation form to paid. If the F	the Cour Recording	nty Record	ding Office etains		& TAX
AP	PLICANTS:	Manufa	ecorded, you must ctured Home Appl g subagents char	ication, payir	ng all req				
			eting this form for form TD-420-730,						

The Department of Licensing har if you need special accommoda

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Skagit County Auditor
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