

RETURN ADDRESS

200403240088
Skagit County Auditor

3/24/2004 Page 1 of 2 3:28PM

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)
F064043 94 SILVCO 39 X 70 17708551

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☐ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
P62130

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
109 FIRST ADD. TO BIG LAKE WATERFRONT TRACTS

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS
1

NAME OF REGISTERED OWNER

KENNETH H. RICHARDSON

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
19103 W. BIG LAKE BLVD Mount Vernon WA 98274

NAME OF LEGAL OWNER

SAME

NAME OF ADDITIONAL LEGAL OWNER

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 of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATUREState of Washington
County of SkagitSigned or attested
before me on 3/24/04by Kenneth Richardson
PRINT NAME OF REGISTERED OWNERSignature
NOTARY OR AGENTby
PRINT NAME OF REGISTERED OWNER

PRINTED NAME OF NOTARY

Title
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR 22910108
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)

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 #

TISH CAMPBELL SKAGIT COUNTY PERMIT CENTER 360/336-9410 94-0486

SIGNATURE / POSITION

DATE

Tish Campbell, Permit Technician 03/24/04

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 of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of Washington
County of _____Signed or attested
before me on _____by
PRINT NAME OF LEGAL OWNER _____Signature _____
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNER _____

PRINTED NAME OF NOTARY _____

Title _____
DEALERSHIP POSITION/AGENT/NOTARY**AND:** County/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)****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 _____

☐ **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) _____

COUNTY OFFICE/VEHICLE OPERATOR NUMBER _____

SIGNATURE _____

DATE _____

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, please call (360) 902-3600 or TDD (360) 664-8885.200403240088
Skagit County Auditor