

RETURN ADDRESS

Chicago Title Company
3110 Commercial, Suite 101
Anacortes, WA 98221
AE 9849



200404050200

Skagit County Auditor

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CHICAGO TITLE IC30288 ✓

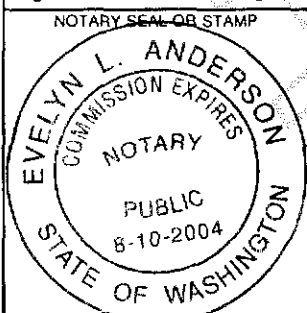
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1991	Oaksp	40 X 24	32910513DAB	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				LEGAL DESCRIPTION ON PAGE 2	
				REAL PROPERTY TAX PARCEL NUMBER P59516	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
108		Skyline No. 6			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		None	
NAME OF REGISTERED OWNER					
Stanley A. Zimmerman					
NAME OF ADDITIONAL REGISTERED OWNER					
Leone M. Zimmerman					
ADDRESS		CITY		STATE	ZIP CODE
1004 Commercial, PMB 149		Anacortes		WA	98221
NAME OF LEGAL OWNER					
Same as above					
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 <i>Stanley A. Zimmerman</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Leone M. Zimmerman</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on 4-1-04	
		County of Skagit			
		by Stanley A. Zimmerman		Signature <i>Evelyn L. Anderson</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Leone M. Zimmerman		Signature <i>Evelyn L. Anderson</i>	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Notary Public		AND: County/Office No. OR Dealer No. OR			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date 8-10-2004			
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			
<i>Evelyn L. Anderson - Escrow Assistant</i>		4-1-04			
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 type="checkbox"/> 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 #	
Larry Andrews		360 293-1901		8191	
SIGNATURE / POSITION				DATE	
<i>Larry Andrews Building Inspector</i>				3/19/04	

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

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SkagitSigned or attested
before me on 4-1-04by Stanley A. Zimmerman
PRINT NAME OF LEGAL OWNERSignature Evelyn L. Anderson
NOTARY OR AGENTby Leone M. Zimmerman
PRINT NAME OF LEGAL OWNERSignature Evelyn L. Anderson
PRINTED NAME OF NOTARYTitle Notary Public
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 8-10-2004
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 108, SKYLINE NO.6, according to the plat thereof, recorded
in Volume 9 of Plats, pages 64 through 67, records of
Skagit County, Washington

Situated in Skagit County, Washington

8 DEALER'S REPORT OF SALEI 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/VFS OPERATOR NUMBER

SIGNATURE

04-05-04**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
If you need special accommodation200404050200
Skagit County Auditor