



200404070033
Skagit County Auditor

4/7/2004 Page 1 of 2 9:26AM

RETURN ADDRESS

Thomas Benwell
890 Garden Terrace Rd #7
Sedro Woolley WA 98284-9331

B716688

	MANUFACTURED HOME APPLICATION	PLEASE CHECK ONE
		<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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 90124378	YEAR 95	MAKE Fleet	LENGTH/WIDTH(FEET) 28 X 48	VEHICLE IDENTIFICATION NUMBER (VIN) WAFLS31A13053WC13
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4623-000-007-0006 905665

LOT 7	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Plat of Garden Terrace	QUARTER/QUARTER SECTION
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER: Thomas Benwell DOL CUSTOMER ACCOUNT NUMBER: _____

NAME OF ADDITIONAL REGISTERED OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER: _____

ADDRESS: 8950 Garden Terrace Lane Sedro Woolley WA 98284
CITY: Sedro Woolley STATE: WA ZIP CODE: 98284

NAME OF LEGAL OWNER: Same As Registered DOL CUSTOMER ACCOUNT NUMBER: _____

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: *Thomas Benwell*

Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

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

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) <u>TISH CAMPBELL</u>	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 360/536-9410	BLDG PERMIT # #28071
SIGNATURE / POSITION <i>Tish Campbell, Permit Technician</i>		DATE 04/27/04

Skagit County Auditor

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The Department of Licensing has a policy if you need special accommodation, please

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

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's records)
 Lot 7" PART OF GARDEN TERRACE, as per plat recorded in Volume 15 of Plats, Pages 153 through 154, records of 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) _____
 WA DEALER NUMBER _____ DATE OF SALE _____
 PURCHASE PRICE _____ TAX JURISDICTION/TAX RATE _____ DEALER'S AUTHORIZED SIGNATURE _____

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.
 COUNTY OFFICE'S OPERATOR NUMBER _____ NAME (TYPED OR PRINTED) DEBBIE BATHAM SIGNATURE [Signature] DATE 4/17/04

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.