200405070062 Skagit County Auditor

RETURN ADDRESS

5/7/2004 Page

1 of

2 11:39AM

<u> </u>		
CHICAGO TITLE CO	· 1630765V	•
STATE OF WASHINGTON Department of LICENSING Anyone who knowingly makes	MANUFACTURED HOI APPLICATION a false statement of a material fact is guilty	⊠ITITLE ELIMINATION ☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROPERT
of a felony, and upon convictio	n may be punished by a fine, imprisonment	t, or both. (RCW 46.12.210)
1 MANUFACTUREDHOME		district collection for the training of the collection of the coll
1907 PLATE NUMBER YEAR 1998	MAKE LENGTH/WIDTH(FEET) VIHI	ICLE IDENTIFICATION NUMBER (YIN).
2 LAND		SCRIPTION ON PAGE
MANUFACTURED HOME WILL	BE ☑ AFFIXED ☐ REMOVED	EAL PROPERTY TAX PARCEL NUMBER 350332-1-009-0100/P108651
LOT BLOCK	PLAT NAME Skagit County Short Pla	sécrión/równs-hi/7-range at 95-033 12-35-3
Tract 2 3 GRANTOR(S) REGISTERED	144 M	AL NAMES ON PAGE
GRANTOR(S) REGISTERED COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
NAME OF REGISTERED OWNER		
Francisco Sanchez		
NAME OF ADDITIONAL REGISTERED OW Leticia P. Sanchez		
ADDRESS	CITY	STATE ZIP CODE
13603 Marihugh Ros	ad Mount Vernon	WA 98273
NAME OF LEGAL OWNER		
Washington Mutual		
NAME OF ADDITIONAL LEGAL OWNER	and the second of the second o	
ADDRESS	опу	STATE ZIP CODE
2210 Enterprise D	rive Florence, SC	29501
GRANTEE		A STATE OF THE STA
NAME		
I DO SOLEMNLY ATTEST UND VEHICLE AND THIS INFORMAT	ER PENALTY OF PERJURY THAT I / WE AM	MARE THE REGISTERED OWNER(S) OF THIS
Signature of Registere	d Owner and Title, IF APPLICABLE Franc	nive Januh. isco Sanchez
Signature of Additional Registere	d Cwilliand Fill of the Country of t	ara & Sanciagnehez
NOTHAY SELUDAS MAY	NOTARIZATION/CERTIFICATION F	OR REGISTERED OWNER(S) SIGNATURE
THE STON ELONG	State of Washington County of Skagit	Signed or attested 4-27-04)
AOTARY TO L	Codiny or	
	y Francisco Sanchez	Signature Maria Signature NOTARY OR AGENT
NOTARY SEMPORT MAN	PRINT NAME OF REGISTERED OWNER by Leticia P. Sanchez	Nancy Lea Cleave
	PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY
OF WASHINIT	Title Notary	County/Office No. OR 9-1-06 AND: Dealer No. OR 9-1-06
Manna Manna	DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date
4 TITLE COMPANY CERTIFIC	ATION of the land and ownership is true and correct p	er the real property records
NAME (TYPED OR PRINTED)		MPANY / 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	
T certify that. a building		he attachment will be inspected upon completion.
NAME (TYPED OR PRINTED) Elaine Pitmar	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENT	07_0788
Elaine Petmas	n. Support Services	
TD-420-729 MANUF HOME APPL (R/8/96)C	OR Page 1 of 2	

	, N			CHICAGO HILL
SIGNATURE OF LEGA	LOWNER			
	WNER INDICATES CON	Washing	ON OF TITUE / REMOVAL I	FROM REAL PROPERTY
	al Owner and Title, IF APP			
NOTARY SEAL OR STAMP	1 800 -200	.	ON FOR LEGAL OWNER(S	
State of JENNIFE	TY Public of Washington Washington County of R L. LINDSEY TEXPISES Mor 7, 2007 PRINT NAME OF LE	Washington Mu	Signed or attested before me or the signature structure	
	by PRINT NAME OF LE	GAL OWNER	PRINTED NAME OF NOTAL	# AD ()
	Title	JOYAUN ION/AGENT/NOTARY	AND: De	paler No. OR 3 7 67 Diration Date
LAND DESCRIPTION	7,3		from the local County Ass	
	Section 2008	7.7.7.	33, approved Dec	
	git County, Wash	nington.		W-700
DEALER'S REPORT O		OT THE VEHICLE (C.O.)	FAR OF ENGLISHED AND E	O EVOCET A COLLONS
	TAX HAS BEEN COLLE		EAR OF ENCUMBRANCE	S EXCEPT AS SHOWN.
ALER NAME (TYPED OR PRINT	EO)		WA DEALER NUMBER	DATE OF SALE
RCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIG	NATURE	
			on (attach notarized stateme	nt of delivery).
	ENT LICENSING OFFICE			
ertify that the above applica e recording of this form.	ition appears to have been d	completed correctly, and th	e applicant has sufficient do	cumentation to proceed wit
ME (TYPED OR PRINTED) 1			COUNTY OFFICE/VES OPERAT	OF NUMBER
brusty 1	corresce		290108	<i>(</i>
STURE				PATE - AC
THOUSE	Wille	1		5/09
TITLE FEES ING FEE APPLIC	CATION MOBILE HO	ME FEE ELIMINATION	FEE USE TAX	SUBACENT FEES
	, and the second		OSE IAX	SOUNCENT FEED
	4			FOTAL PEES & TAX
IMPORTANT: O	nce the application has	s been approved by th	e County Auditor / Vehi	cle
Ri	etain proof of the recor	ding fees paid. If the	Recording Office retains d copy of the recorded	s \
APPLICAN	Manufactured H		Vehicle Licensing office ng all required fees. Ve fee.	
	licensing subag	ents charge a service s form for Title Elimina		al Property

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, pl

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

200405070062 Skagit County Auditor