



200407070186

Skagit County Auditor

7/7/2004 Page 1 of 2 3:29PM

RETURN ADDRESS

FIRST AMERICAN TITLE OF SKAGIT COUNTY

P. O. BOX 1667

MOUNT VERNON, WA 98273

**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)
&117792	1998	FLEET	X	ORFLW48A25288GH13

**2 LAND**

LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 350619-4-006-0016 P41683

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			19/35/6

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

ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	2

NAME OF REGISTERED OWNER

PAUL J. CROWELL

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
30867 Morgan Hill Land	Sedro Woolley	WA	98284

NAME OF LEGAL OWNER

KIM M. SUNDSTROM

NAME OF ADDITIONAL LEGAL OWNER

JANET T. SUNDSTROM

ADDRESS	CITY	STATE	ZIP CODE
31035 Walberg Road	Sedro Woolley	WA	98284

**GRANTEE**

NAME

PAUL J. CROWELL

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

Paul J. Crowell

Signature of Additional Registered Owner and Title, IF APPLICABLE

	<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>5-26-04</u>
	by <u>PAUL J. CROWELL</u> PRINT NAME OF REGISTERED OWNER	Signature <u>Linda Remick</u> NOTARY OR AGENT
	by <u>Paul J. Crowell</u> PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY <u>Linda Remick</u>
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No: <u>OR Skagit</u> Dealer No. <u>OR</u> Notary Expiration Date <u>6-7-04</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.

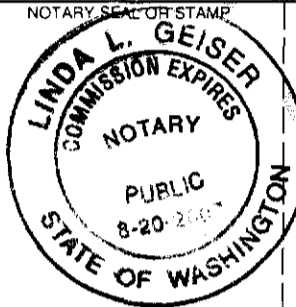
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<u>Georgine Rosson</u>	<u>SKAGIT COUNTY PERMIT CENTER 336-9410</u>	<u>BA03-1485</u>
SIGNATURE / POSITION		DATE
<u>Georgine Rosson</u> Permit Technician		<u>6/7/04</u>

**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 Kim M. Sundstrom

Signature of Additional Legal Owner and Title, IF APPLICABLE Janet T. Sundstrom



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington  
County of Skagit

Signed or attested  
before me on 5-26-04

by KIM M. SUNDSTROM  
PRINT NAME OF LEGAL OWNER

Signature Linda L. Geiser  
NOTARY OR AGENT

by JANET T. SUNDSTROM  
PRINT NAME OF LEGAL OWNER

LINDA L. GEISER  
PRINTED NAME OF NOTARY

Title NOTARY  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR  
Dealer No. OR 8-28-07  
Notary Expiration Date

**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

The North 200 feet of the East 200 feet of that portion of the Southwest 1/4 of the Southeast 1/4 of Section 19, Township 35 North, Range 6 East, W.M., lying South of the County Road.

**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) <u>Rodriguez Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-02</u>
SIGNATURE <u>[Signature]</u>	DATE <u>July 7, 04</u>

**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...  
If you need special accommodations



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