RETURN ADDRESS
Chicago Title Company
3110 Commercial Suite 101
Anacortes, WA 98221
AE 9540A

CHICAGO TITLE IC28994 ✓

200407070205
Skagit County Auditor
7/7/2004 Page 1 of 2 4:11PM

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)
	1959	SPART	50 X 10	9500110134

2 LAND — LEGAL DESCRIPTION ON PAGE ____

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3967-000-002-0003

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
1 & 2		Potlatch Beach	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) — ADDITIONAL NAMES ON PAGE ____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	

NAME OF REGISTERED OWNER
Calvin Linnemann
NAME OF ADDITIONAL REGISTERED OWNER
Patricia Linnemann

ADDRESS	CITY	STATE	ZIP CODE
5885 Grave Lake Road	Cincinnati	Ohio	45243

NAME OF LEGAL OWNER
Same as registered owner 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 _____

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of ~~Washington~~ OHIO
County of Hamilton
Signed or attested before me on July 3, 2004

by Calvin Linnemann
PRINT NAME OF REGISTERED OWNER

by Patricia Linnemann
PRINT NAME OF REGISTERED OWNER

NOTARY Signature
NOTARY OR AGENT

MICHAEL J. TIGHE
NAME OF Notary Public, State of Ohio
My Commission Expires Oct. 21, 2008

Title Notary Public
DEALERSHIP POSITION/AGENT/NOTARY

AND: 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
Chicago Title Company	(360) 293-4664

SIGNATURE / POSITION: Evelyn L. Anderson, Escrow Asst
DATE: 7-6-04

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:
☒ 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 #
Cindy Gauthier	360 - 336-9410	3393

SIGNATURE / POSITION: Cindy Gauthier
SKAGIT COUNTY PERMIT CENTER
DATE: 6-21-04

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) SIGNATURE

State of ~~Washington~~ OHIO
County of Hamilton

Signed or attested before me on July 3, 2004

by Calvin Linnemann
PRINT NAME OF LEGAL OWNER

Signature of NOTARY OR AGENT

by Patricia Linnemann
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY: MICHAEL J. TIGHE
Notary Public, State of Ohio
County/Office No. OH
My Commission Expires Oct. 21, 2008
Dealer No. OR

Title Notary Public
DEALERSHIP POSITION/AGENT/NOTARY

END:
Notary Expiration Date

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

Tracts 1 and 2, of PLAT OF POTLATCH BEACH, GUEMES ISLAND, as per plat recorded in Volume 6 of Plats, page 10 of the records of Skagit County Washington;
TOGETHER WITH tidelands of the second class, as conveyed by the State of Washington, situate in front of and adjacent to said tracts and between the prolongation of the North and South lines thereof.
Situate in 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

☐ 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
Rodrigo Angulo	290-02

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 p
If you need special accommodation,