

RETURN ADDRESS



200407270065
Skagit County Auditor

7/27/2004 Page 1 of 2 12:41PM

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
		<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1970	NEW HOON	51X 20	64180818	
2 LAND					
MANUFACTURED HOME WILL BE			LEGAL DESCRIPTION ON PAGE		
<input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER		
			3771 000 081-0002		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
41		"WIDNER DRIVE"			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
				SKAGIT STAKE BANK	
NAME OF REGISTERED OWNER					
Keith S. Johnson & ALISON R. Johnson					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
18870 GYAL DRIVE		MT VERNON		WA	98279
NAME OF LEGAL OWNER					
NAME OF ADDITIONAL LEGAL OWNER					
SKAGIT STAKE BANK					
ADDRESS		CITY		STATE	ZIP CODE
P.O. Box 1040		MT VERNON		WA	98279
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					
Keith S. Johnson					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Skagit		before me on 7/21/4	
		by Keith S. Johnson		Signature	
		PRINT NAME OF REGISTERED OWNER		John S. Milnor	
by		PRINTED NAME OF NOTARY			
PRINT NAME OF REGISTERED OWNER		John S. Milnor			
Title		AND:		County/Office No. OR	
DEALERSHIP POSITION/AGENT/NOTARY				Dealer No. OR	
				Notary Expiration Date 12-10-08	
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			
John S. Milnor (See PP 7)		First American 434-0115			
SIGNATURE / POSITION		DATE			
John S. Milnor Senior Title Officer		7/19/4			
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 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 #	
SIGNATURE / POSITION		DATE			

6 SIGNATURE OF LEGAL OWNER

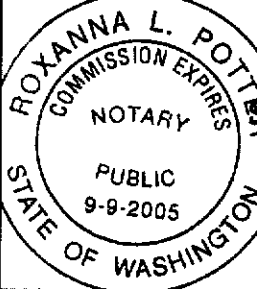
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

SKAGIT STATE BANK-COLLEGE WAY BRANCH

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of

Skagit

Signed or attested
before me on

7-21-04

SKAGIT STATE BANK-COLLEGE WAY BRANCH

Signature

Roxanna L. Potter

PRINT NAME OF LEGAL OWNER

by

PRINT NAME OF LEGAL OWNER

Title

DEALERSHIP POSITION/AGENT/NOTARY

NOTARY OR AGENT

Roxanna L. Potter

PRINTED NAME OF NOTARY

AND: County/Office No. OR
Dealer No. OR
Notary Expiration Date

9-9-05

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)Lot 41 "Widnor Drive" as per plat recorded in Volume 9
of Plats, Page 41, records of Skagit County, WA.**8 DEALER'S REPORT OF SALE**

not applicable

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)

K. Lerevee

COUNTY OFFICE/VFS OPERATOR NUMBER

290108

SIGNATURE

K. Lerevee

10 TITLE FEES

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

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 providing equal access to its services.
If you need special accommodation

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