



200408050157
Skagit County Auditor

8/5/2004 Page 1 of 2 4:26PM

RETURN ADDRESS

Wm. Carl & Kris M. GARRISON
P.O. Box 327
Bow WA 98232-0327

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)
DRE 456576/77	2004	Marlette	6'4" X 26'8"	H022828 A/B

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
3		97-000	SW/4, NE/4, & NW/4, SE/4

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
350301-4-003-0100	1	1

NAME OF REGISTERED OWNER
Wm. Carl & Kris M. GARRISON

NAME OF ADDITIONAL REGISTERED OWNER
P.O. Box 327 Bow WA 98232

ADDRESS CITY STATE ZIP CODE
~~P.O. Box 327~~ SAME AS ABOVE

NAME OF LEGAL OWNER
Same

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 *Wm Carl*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Kris Garrison*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on August 5 2004

by William C. GARRISON Signature *Stephanie Glaser*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Kris M. GARRISON Signature *Stephanie Glaser*
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 12-19-2004
DEALERSHIP POSITION/AGENT/NOTARY 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

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 # 336-9410 BLDG PERMIT #
Elaine Pitman SKAGIT COUNTY PERMIT CENTER BPO3-1168

SIGNATURE / POSITION DATE
Elaine Pitman, Permit Technician 8-2-04

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]*
 Signature of Additional Legal Owner and Title, IF APPLICABLE *[Signature]*

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on August 5, 2004

by William C. GARRISON Signature Stephanie Glaser
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by Kris M. GARRISON Stephanie Glaser
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 12-19-2006
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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

Including manufactured home 2004 Marlette Desert Manor 150 0 sqft
 Serial # 22828, Model # 2012, lot 3 of Skagit Co. short plat
 97-0002 Recorded under Auditors file # 199904190061
 being a portion of the SW quarter of the NW quarter
 of the NE Qtr + ALSO a portion of NW QTR of
 the SW QTR

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) <u>WESTGATE MOBILE HOMES, INC.</u>	WA DEALER NUMBER <u>4045</u>	DATE OF SALE <u>7-21-04</u>
PURCHASE PRICE \$ <u>6,370</u> TAX JURISDICTION/TAX RATE <u>76,820.00</u> <u>8.3</u> <u>ISLAND CO.</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>	

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>Rodrigo Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>790502</u>
SIGNATURE <u>[Signature]</u>	DATE <u>8-5-04</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 if you need special accommodation, please



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