



200408090015
Skagit County Auditor

8/9/2004 Page 1 of 2 8:46AM

RETURN ADDRESS

Land Title Company

P.O. Box 445

111 E. George Hopper Road

Burlington, WA 98233

112467-SE

KA

REGISTERED
CITY OF MOUNT VERNON

JUN 08 2004

C.E.D. DEPARTMENT

BY _____

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input 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 9/50037	YEAR 1972	MAKE BONPRIX	LENGTH/WIDTH(FEET) 68 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) OW3268	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 3771-000-037-0008/P54918	
LOT 37	BLOCK	PLAT NAME "WIDNOR DRIVE"		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2 (two)		NUMBER OF LEGAL OWNERS 1 (one)	
NAME OF REGISTERED OWNER Scott E. Sundean					
NAME OF ADDITIONAL REGISTERED OWNER Gail A. Sundean					
ADDRESS 213 Widnor Drive		CITY Mount Vernon		STATE WA	ZIP CODE 98274
NAME OF LEGAL OWNER Donna Rowell					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 18660 Quail Drive		CITY Mount Vernon		STATE WA	ZIP CODE 98274
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 <i>Scott Sundean</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Gail A. Sundean</i>					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on _____	
		by Scott E. Sundean <small>PRINT NAME OF REGISTERED OWNER</small>		Signature <i>Karen Ashley</i> <small>NOTARY OR AGENT</small>	
		by Gail A. Sundean <small>PRINT NAME OF REGISTERED OWNER</small>		Karen Ashley <small>PRINTED NAME OF NOTARY</small>	
		Title Escrow Officer <small>DEALERSHIP POSITION/AGENT/NOTARY</small>		AND: <small>County/Office No. OR Dealer No. OR Notary Expiration Date</small> 9/11/06	
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) Karen Ashley			TITLE COMPANY / PHONE NUMBER Land Title Company (360) 707-2312		
SIGNATURE / POSITION <i>Karen Ashley</i> Escrow Officer			DATE 8-9-04		
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: <input checked="" 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) BARRIE KENNING			BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT # N/A
SIGNATURE / POSITION <i>Barrie Kenning</i> BUILDING INSPECTOR					DATE 6-11-04

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 Mr Rowell

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Skagit

Signed or attested
before me on 8/6/04

by Donna Rowell
PRINT NAME OF LEGAL OWNER

Signature Karen Ashley
NOTARY OR AGENT

by _____
PRINT NAME OF LEGAL OWNER

Karen Ashley
PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR 9/11/06
Notary Expiration Date

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

Lot 37, "WIDNOR DRIVE," as per plat recorded in Volume 9 of Plats, page 104 records of 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) <u>Barrie McCrea</u>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u>Barrie McCrea</u>	DATE <u>8-9-04</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 providing equal access to its services. If you need special accommodation, p



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