



1 of 2 3:29PM 8/17/2004 Page RETURN ADDRESS Mike Camaco

1521 Lindamood Lan	e			
Burlington, Wa. 9	8233	 ,		
The second secon				
Escrow #112814-SE			DIFASE	CHECK ONE
STATE OF WASHINGTON Department of ICENSING Anyone who knowingly makes	MANUFACTURED APPLICATIO	N Lie guilley	ATITLE ELIMINAT TRANSFER IN LE REMOVAL FROM	ION DCATION I REAL PROPERTY
of a felony, and upon convict	ion may be punished by a fine, impl	risonment, or	Door (1-1	
MANUFACTURED HOME	MAKE LENGTHWIOTH/FEE	T) VEHICLE IDE	NTIFICATION NUMBER (VIN	
TPO/PLATE NUMBER YEAR 1995	Marlette 52 x 28	Н010	577AB	
2 LAND	LEC		TION ON PAGE	
MANUFACTURED HOME WILL	L BE AFFIXED TREMOVED	403	<u>10-000-005-00</u>	19
LOT BLOCK	PLAT NAME OR SECTION/TOWNSHIP	MANGE	QUARTERQUA	RTER SECTION
	AL SUSTRIAL	INTIONAL NA	MES ON PAGE	
GRANTOR(S) REGISTERE	NUMBER OF REGISTERED OWN		NUMBER OF LEGAL OW	NERS
COUNT NOMBER			DOL CUS	TOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		and the state of t	, 002 032	
MICHAEL CAMACHO NAME OF ADDITIONAL REGISTERED OV	WNER		DOL CUS	TOMER ACCOUNT NUMBER
NAME OF ADDITIONAL HEADS TO THE		·	STATE	ZIP CODE
ADDRESS	cuv Burli	neton	WA.	98233
1521 Lindamood Lan		7.0	5	TOMER ACCOUNT NUMBER
STERLING TRUST COM	IPANY TRUSTEE fbo MICH	AEL J. S	PINK SEP-IRA	TOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL OWNER			DOLOG	CANER ACCOUNT TOWNS
	CITY		STATE	ZIP CODE 76702
P O Box 2526	Waco	dia language and	TX	76702
GRANTEE same	as granor above		<u> </u>	
NAME	,		a	
I DO SOLEMNLY ATTEST UND	DER PENALTY OF PERJURY THAT I	I XI A ANARE	THE REGISTERED	OWNER(S) OF THIS
VEHICLE AND THIS INFORMA	TION IS ACCURATE.	1/12/10	amael	
Signature of Registere	d Owner and Title, IF APPLICABLE $ar{ar{ar{ar{ar{ar{ar{ar{ar{ar{$	HANDLEY	GMAJNAN	
Signature of Additional Registere	ed Owner and Title, IF APPLICABLE_	· · ·		
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICAT	TION FOR RE	GISTERED OWNER(S) SIGNATURE
	State of Washington Skagit		Signed or attested before me on	7/22/04
y a series V	•.		- Augusta	
	by Michael Camacho PRINT NAME OF REGISTERED OWNER	Sig	MOJARY OF AGEN	r ()
	J		aydeen Frane	y <u>J</u>
	PRINT NAME OF REGISTERED OWNER	PRI	NTED NAME OF NOTARY County/Office	No. OR
100	Title Notary DEALERSHIP POSITION/AGENT/NOTARY			No. OR <u>11-02-06</u>
TITLE COMPANY CERTIFIC	ATION			tion of the state
certify that the legal description	of the land and ownership is true and	correct per the	real property records	•
NAME (TYPED OR PRINTED)	π	TILE COMPANY / P	HOME MOMBER	
IGNATURE / POSITION	<u></u>			DATE
				ra a minitura e i
inalize this application with a	Licensing Agent within 10 calendar	days of the da	te Trae Company Ket	n asamana signs.
BUILDING PERMIT OFFICE	to the start home has been affixed to the	real property	as described.	
I certify that:	permit has been issued for this purpo	ose and the att	achment will be inspe	ted upon completion.
AME (TYPED OR PRINTED)	EN WOOD BLOG PERMIT OFFICEIPH		BLOG PERM	79168
1 1401 [] 5 14				
IGNATURE / POSITION	Le Building			DATE

SIGNATURE OF LEGAL MATURE OF LEGAL OV	, U44147-1-	
MALORE OF LEWIS -	VNER INDICATES CONSEN	ENT FOR ELIMINATIONING TITLE CREMOVAL FROM REAL PROPERTY.
and the second s		FBO: Michael J. Spink # 19669
nature of Legal Owner an		artistel 8/9/04
mature of Additional Lega	Owner and Title, IF APPL	TION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
NOTARY SEALORSTAMP	NOIAHEAT	Illiano at an attented of
.makeen	State of Weelington	hefore me on
	County of _	TRUST(10)
· "Mariful"	TPUSIES SHO	Michael . Spinic signature
i i	PRINT NAME OF LEGAL	ALOWNER PLANTS II
***	by	NOTATY Public, State of Expires ALOWNER ALOWNER
	PRINT NAME OF LEGAL	
	Title	Notary Expiration Date
	DEALERSHIP POSITION	Available to a shreined from the local County Assessor's
LAND DESCRIPTION	(A legal description of the	e land can be obtained from the local County Assessor's
	8 LWE % 51 W 1	2 1 -11 OF LOT 1. INCRES
ADDITION, BURL	an of Skagit Col	ounty, Washington.
page 42, record	County of Skag	it, STate of Washington.
Situate in the	Country of 2s	
		:
• •		
• •		The state of the s
A contract of the contract of		
DEALER'S REPORT	OF SALE	FOR THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN
I CERTIFY THAT THIS	INFORMATION IS CORRE	ECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN ECTED. DATEOFSALE
ANY REQUIRED SALE EALER NAME (TYPED OR PRIN	S TAX TING DEL	WA DEALER NUMBER DATE OF SALE
DEALEH NAME (TTTEL)		The state of the s
PURCHASEPRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
		1 (ettech notarized statement of delivery).
USE TAX EXEM	PT Sale to a Certified Trib	ibal member on the reservation (attach notarized statement of delivery).
COUNTY AUDITOR/A	GENT LICENSING OFFIC	CE APPROVAL: (Not for use by Subagents)
certify that the above appl	lication appears to have been	All Cottibletes contract)
with the recording of this t	orm.	COUNTY OFFICENES OPERATOR NUMBER
NAME (TYPED OR PRINTED)	1 22.30	25 d 8000
hirst	<u>Joue</u>	DATE
SIGNATURE	6.7011	
<u>huas</u>	γ	INGSTAY SUBAGENT FEES
10 TITLE FEES	LICATION MOBILEHO	HOME FEE BLIMINATION FEE USE TAX SUBAGENT FEES
FILINGFEE APP		TOTALFEES&TAX
· ·		A. War (Mahiola)
A residual to the second of th	Once the application ha	as been approved by the County Auditor / Vehicle
IMPORTANT:	out tokovi	your application form to the Seconding Office retains
	Licensing Office, take y	ording lees paid, if the flooriums
	Retain proof of the reco	n form, obtain a certified copy of the recorded lorris.
	Retain proof of the reco your original application	U JOLIM' ODISTILI SI CELITIFO CODA OL TIL
	Retain proof of the reco your original application	n form, obtain a celuled dopy
	Patain proof of the reco your original application ANTS: Once recorded	d, you must return to a Vehicle Licensing office to tile the
APPLICA	your original application ANTS: Once recorded Manufactured is licensing subage	n form, obtain a celuled copy

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

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