200409160018
Skagit County Auditor
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RETURN ADDRESS
First American Title
1600 Cascade Pl #104
Burlington WA 98233

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)
	2005	Fleetwood	56 X 27	ORFL 44830084BS13

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 350401-3-008-0300

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		Sec 1, Twn 35, RN 6	SW-SW

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER: Jeremy Johnson — DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER: Jennifer Johnson — DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 22623 Grip Road — CITY: Sedro Woolley — STATE: WA — ZIP CODE: 98284

NAME OF LEGAL OWNER: Golf Savings Bank Ste — DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER — DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: Po Box 5857 — CITY: Lynnwood — STATE: WA — ZIP CODE: 98046

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: Jeremy Johnson

Signature of Additional Registered Owner and Title, IF APPLICABLE: Jennifer Johnson

NOTARY SEAL OR STAMP: KATIE E. HICKOK — COMMISSION EXPIRES — NOTARY PUBLIC — 1-7-2007 — STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit — Signed or attested before me on 6-15-04

by Jeremy Johnson (PRINT NAME OF REGISTERED OWNER) — Signature Katie Hickok (NOTARY OR AGENT)

by Jennifer Johnson (PRINT NAME OF REGISTERED OWNER) — Katie E Hickok (PRINTED NAME OF NOTARY)

Title Notary (DEALERSHIP POSITION/AGENT/NOTARY) — AND: County/Office No. OR Dealer No. OR — 1-7-07 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): Elaine Pitman — BLDG PERMIT OFFICE/PHONE #: 336-9410 SKAGIT COUNTY PERMIT CENTER — BLDG PERMIT #: BP04-0603

SIGNATURE / POSITION: Elaine Pitman, Permit Technician — DATE: 9-10-04

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: Maria Parsons, Officer

Signature of Additional Legal Owner and Title, IF APPLICABLE: _____

NOTARY SEAL OR STAMP

REBECCA P. LAIGO WILLIS
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
DECEMBER 3, 2007

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Snohomish

Signed or attested before me on 7-9-04

by Maria Parsons (PRINT NAME OF LEGAL OWNER)

Signature Rebecca P Laigo Willis (NOTARY OR AGENT)

by _____ (PRINT NAME OF LEGAL OWNER)

Rebecca P Laigo Willis (PRINTED NAME OF NOTARY)

Title NOTARY (DEALERSHIP POSITION/AGENT/NOTARY)

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 12-3-07

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

Lot 2 of Short Plat No. 91-015, approved April 18, 1991, recorded April 22, 1991, in Book 9 of Short Plats, page 35, under Auditor's File No. 9104220007 and being a portion of the West 1/2 of the Southwest 1/4 of the Southwest 1/4 of Section 1, Township 35 North, Range 4 East, W.M.

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
COACH CORRAL INC	4278	8-3-04

PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
52925-	7.7	Linda Milbourn

[ ] **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 Arguelo	290+02

SIGNATURE	DATE
	9-16-04

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, please call (360) 902-3770.

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