

RETURN ADDRESS



200409220128  
Skagit County Auditor

9/22/2004 Page 1 of 2 3:38PM

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b>	
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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER <b>31716</b>		YEAR <b>82</b>	MAKE <b>Venture</b>	LENGTH/WIDTH(FEET) <b>24X52</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>11810682</b>
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER <b>8050-000-004.000 P121055</b>		
LOT <b>Lot D</b>	BLOCK	PLAT NAME <b>Long Card Greg Leonard</b>		SECTION/TOWNSHIP/RANGE <b>15-35-07</b>	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER <b>Greg Leonard</b>					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS <b>39115 Cape Horn Rd Concrete WA 98237</b>					
NAME OF LEGAL OWNER <b>Greg Leonard</b>					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS <b>39115 Cape Horn Rd Concrete WA 98237</b>					
<b>GRANTEE</b>					
NAME <b>Gregory P and Denise M Goldsmith</b>					
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 <b>Greg Leonard Legal Owner</b>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b> State of Washington <b>Skagit</b> County of Signed or attested before me on <b>9/22/04</b> by <b>Greg Leonard</b> Signature <b>Margery Swint</b> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by <b>Margery Swint</b> PRINTED NAME OF NOTARY Title <b>Notary Public</b> AND: County/Office No. OR <b>4/8/08</b> DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date			
<b>4 TITLE COMPANY CERTIFICATION</b>					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED) <b>Karan I Thorson</b>		TITLE COMPANY / PHONE NUMBER <b>Land Title</b>		DATE <b>9-22-04</b>	
SIGNATURE / POSITION <b>Recorder</b>		<b>707-2158</b>			
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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) <b>TAWNEE BOSMAN</b>		BLDG PERMIT OFFICE/PHONE # <b>334 9410</b>		BLDG PERMIT # <b>BP04-0480</b>	
SIGNATURE / POSITION <b>Tawnee Bosman</b>		<b>Permit Tech.</b>		DATE <b>09/22/04</b>	

**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 2/2/04

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 SkagitSigned or attested  
before me on 9/22/04

by \_\_\_\_\_

PRINT NAME OF LEGAL OWNER

Signature \_\_\_\_\_

NOTARY OR AGENT

by \_\_\_\_\_

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title \_\_\_\_\_

DEALERSHIP POSITION/AGENT/NOTARY

AND: \_\_\_\_\_

County/Office No. OR 2901-21

Dealer No. OR \_\_\_\_\_

Notary Expiration Date \_\_\_\_\_

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

Skagit County Long card Number PL-01-0549  
Lot D Recorded under auditors file # 200311240100  
Being a portion of the N/West 1/4 of SW 1/4  
Section 15 Township 35 R 7 West Willamette

**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)

COUNTY OFFICE/VEHICLE OPERATOR NUMBER

SIGNATURE

DATE

**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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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