RETURN ADDRESS	
	200409220128
	Skagit County Auditor 9/22/2004 Page 1 of 2 3:39914
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MANUEACTURED	HOME PLEASE CHECK ONE
STATE OF WASHINGTON MANUFACTURED ICENCING APPLICATIO	AI TITLE ELIMINATION
[ICEII3IIQ	DREMOVAL FROM REAL PROPERTY
nyone who knowingly makes a false statement of a material fact is f a felony, and upon conviction may be punished by a fine, impris	s guilty
MANUFACTUREDHOME	
PO / PLATE NUMBER / YEAR MAKE LENGTHWIDTH(FEE	ET) VEHICLE IDENTIFICATION NUMBER (VIN)
LAND 82 Uentare 29X 52	GAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE MAFFIXED REMOVED	REAL PROPERTY TAX PARCEL NUMBER 8050-000-004.0000 P /2
	Leanard 15-35-07
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COUNTY NUMBER OF REGISTERED OWN	NUMBER OF LEGAL OWNERS
IAME OF REGISTERED OWNER	
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	on Rd Concrete WA 9
ADDRESS	TOOM TO STATE ZIP COPE
NAME OF LEGAL OWNER	Willes Ut 1000/
Same Greg	Leonard
NAME OF ADDITIONAL LEGAL OWNER	
ADDRESS CITY C	STATE ZIP, CODE,
39115 Case Horn	Re Consulte WIT 700
GRANTEE	
Gregory P and Denise	m Goldsmith
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT INVEHICLE AND THIS INFORMATION IS ACCURATE:	The Committee of the Co
	The Length Legal Owner
Signature of Registered Owner and Title, IF APPLICABLE	3
Signature of Additional Registered Owner and Title, IF APPLICABLE	
*AGERUNI	Signed or attested Q
State of Washington Stagt	before me on 122/04
5 (S) (C) (D)	

PRINT NAME OF REGISTERED OWNER County/Office No: OR 4/8/0 (
Dealer No. OR
Notary Expiration Date Title DEALERSHIP POSITION/AGENT/NOTARY 4 TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership is true and correct per the real property records. TITLE COMPANY / PHONE NUMBER Haran SIGNATURE / POSITION XXCCNCL and Title Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION 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. I certify that: BLOG PERMIT OFFICE/PHONE # 334 9410 BLOG PERMIT #

8 KAGIT COUNTY PERMIT CONDER BP04-0480 09 (22 104 IGNATURE/POSITION Somman Resmit Tech TD-420-729 MANUF HOME APPL (R/8/98)OR Page 1 of 2

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents) entify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with a recording of this form. ME (TYPED OR PRINTED) COUNTY OFFICE/VES OPERATOR NUMBER TITLE FEES		
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