

RETURN ADDRESS

18885 W Big Lake Blvd /
Mt Vernon WA 98274



200409280232
Skagit County Auditor

9/28/2004 Page 1 of 2 3:26PM

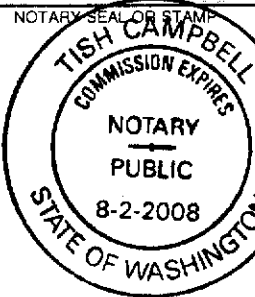
| STATE OF WASHINGTON Department of Licensing | | MANUFACTURED HOME APPLICATION | | PLEASE CHECK ONE | |
|---|-----------------------------|--|------------------------------|---|--|
| Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210) | | | | <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| T31941 | 85 | GRAND | 60 X 28 | CREFL2AF274804857 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 120877 | | | | | |
| LOT | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE | | |
| lot 2 | | SPPLC2-0021 | 12-354 | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| ADDITIONAL NAMES ON PAGE | | | | | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | | |
| 29 | 1 | | 1 | | |
| NAME OF REGISTERED OWNER | | | | | |
| M'INVESTMENTS INC. | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| MICHAEL D. MCCOY | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| 18885 W Big Lake Blvd | | Mt Vernon | WA | 98274 | |
| NAME OF LEGAL OWNER | | | | | |
| SAME AS ABOVE | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| ADDRESS | | | | | |
| CITY | | | | | |
| STATE | | | | | |
| ZIP CODE | | | | | |
| 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 | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | |
| | | State of Washington County of Skagit | | | |
| | | Signed or attested before me on 05/05/04 | | | |
| | | by MICHAEL D. MCCOY | | | |
| | | Signature of Tish Campbell | | | |
| | | PRINT NAME OF REGISTERED OWNER | | | |
| | | by | | | |
| | | PRINT NAME OF REGISTERED OWNER | | | |
| | | Title NOTARY | | | |
| | | DEALERSHIP POSITION/AGENT/NOTARY | | | |
| | | AND: County/Office No. OR | | | |
| | | Dealer No. OR 08/02/04 | | | |
| | | 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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion. | | | | | |
| NAME (TYPED OR PRINTED) | | BLDG PERMIT OFFICE/PHONE # 336-9410 | | BLDG PERMIT # | |
| Elaine Pitman | | SKAGIT COUNTY PERMIT CENTER | | BP03-1566 | |
| SIGNATURE / POSITION | | DATE | | | |
| Elaine M Pitman, Permit Technician | | 8-10-04 | | | |

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 Michael D. McCoy Residence

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SkagitSigned or attested
before me on 09/10/04by Michael D. McCoy
PRINT NAME OF LEGAL OWNERSignature Tish Campbell
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNERPRINTED NAME OF NOTARY
TISH CAMPBELLTitle NOTARY
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR _____
Dealer No. OR _____
Notary Expiration Date 08/02/08**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 2 SP PLO2-0221 200310060073
SE SE 12-35-4**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>Peggy A. Riedel-Graham</u> | COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u> |
| SIGNATURE <u>Peggy A. Riedel-Graham</u> | DATE <u>9/28/04</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, please call (360) 902-3600 or TDD (360) 664-8885.200409280232
Skagit County Auditor