Island Title Company
P.O. Box 1228
Anacortes, WA 98221

200410070062
Skagit County Auditor
10/7/2004 Page 1 of 1 2:41PM

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
888935	1966	Star	10X55	CS2180

2 LAND ADDITIONAL LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER: 3822-000-025-0001

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
25		Skyline No. 6	

A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.

Lot 25, SKYLINE NO. 6, according to the plat thereof recorded in Volume 9 of Plats, pages 64 through 67A, records of Skagit County, Washington;

TITLE FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEE	
ELIMINATION FEE	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	

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

COUNTY # | INCORPORATED | UNINCORPORATED | # REGISTERED OWNERS | # LEGAL OWNERS

NAME OF FIRST REGISTERED OWNER: Linda S. Hermstad — DOL CUSTOMER ACCOUNT NUMBER: HERMSL 547633

ADDRESS OF FIRST REGISTERED OWNER: 4707 Yorkshire Dr. — CITY: Anacortes — STATE: Wa — ZIP CODE: 98221

NAME OF FIRST LEGAL OWNER: Linda S. Hermstad — DOL CUSTOMER ACCOUNT NUMBER

ADDRESS OF FIRST LEGAL OWNER — CITY — STATE — ZIP CODE

GRANTEE(S) ADDITIONAL NAMES ON PAGE

NAME OF FIRST GRANTEE — DOL CUSTOMER ACCOUNT NUMBER

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)

I DO SOLEMNLY ATTEST UNDER PENALTY OF PURJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:

X Linda Hermstad
SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE

X
SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE

X
SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE

NOTARY SEAL OR STAMP

OFFICIAL SEAL
DIANE L SULLIVAN
Notary Public – State of Washington
My Commission Expires 3-3-02

NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington, County of Skagit

Signed or attested before me on 10/12/04

Signature

Printed Name of Applicant: Diane Sullivan
DEALERSHIP Position/Agent/NOTARY

Dealer No. OR AND County Office No. OR Notary Expiration Date: 3-3-02

DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME	WA DEALER NUMBER	DATE OF SALE

PURCHASE PRICE	TAX JUR SDCTN/TAX RATE	DEALER'S AUTHORIZED SIGNATURE

☐ USE TAX EXEMPT Sale to a Confirmed Tribal member on the reservation (attach notarized statement of delivery).

4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL (Not for use by Sub-Agents)

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

SIGNATURE	DATE

TD 420 729 MANUF HOME APPL (01/2003) Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE