



200411190049

Skagit County Auditor

RETURN ADDRESS

Nicholas G. Pass

16879 Kamb Road

Mount Vernon, WA 98273

11/19/2004 Page 1 of 2 11:30AM

LAND TITLE OF SKAGIT COUNTY

113996-PE

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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)	
\$28378	1970	Marlette	60 X 24	00877	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 340326-0-013-0002	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
			ptn SE $\frac{1}{4}$, SE $\frac{1}{4}$, 25-34-3		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER PASS, NICHOLAS G.					
NAME OF ADDITIONAL REGISTERED OWNER PASS, KENDALL C.					
ADDRESS	CITY		STATE	ZIP CODE	
16879 Kamb Road	Mount Vernon		WA	98273	
NAME OF LEGAL OWNER PASS FAMILY TRUST, dated December 7, 1993					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS	CITY		STATE	ZIP CODE	
2605 N. LaVENTURE, Unit A	Mount Vernon		WA	98273	
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 <i>Nicholas G. Pass</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Kendall C. Pass</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
CARRIE HUFFER STATE OF WASHINGTON NOTARY -- -- PUBLIC MY COMMISSION EXPIRES 12-31-07		State of Washington County of Skagit		Signed or attested before me on 11/09/04	
		by Nicholas G. Pass & Kendall C. Pass		Signature <i>Carrie Huffer</i>	
		same as above		NOTARY OR AGENT	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
Title Notary Public		AND: County/Office No. OR 12/31/07		Notary Expiration Date	
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.					
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 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 #		BLDG PERMIT #	
Georgine Bosson		SKAGIT COUNTY PERMIT CENTER 336-9410		1973	
SIGNATURE / POSITION		DATE			
<i>Georgine Bosson</i> Permit Technician		11/18/04			

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

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

CARRIE HUFFER	
STATE OF WASHINGTON	
NOTARY — — PUBLIC	
MY COMMISSION EXPIRES	12/31/07

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of Washington
County of SkagitSigned or attested
before me on 11/19/04

Robert L. Pass & Irene E. Pass

PRINT NAME OF LEGAL OWNER

same as above

PRINT NAME OF LEGAL OWNER

Title Notary Public

DEALERSHIP POSITION/AGENT/NOTARY

Signature

NOTARY OR AGENT

Carrie Huffer

PRINTED NAME OF NOTARY

AND:

County/Office No. OR
Dealer No. OR 12/31/07
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

The North 151 feet of the West 333.5 feet of that portion of the South $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 26, Township 34 North, Range 3 East, W.M., lying east of Kamb Road, EXCEPT drainage ditch right of way, if any.

Situate in the County of Skagit, State of Washington.

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/VFS OPERATOR NUMBER

SIGNATURE

DATE

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
If you need special accommodation



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