

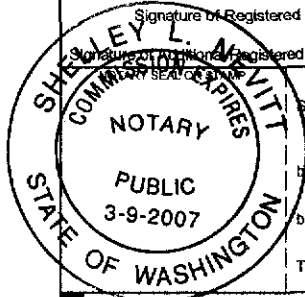
RETURN ADDRESS



200412060139  
Skagit County Auditor

12/6/2004 Page 1 of 2 211:22AM

STATE OF WASHINGTON Department of <b>Licensing</b>		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b>	
<input 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 48.12.210)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER &140187	YEAR 1999	MAKE PALMH	LENGTH/WIDTH(FEET) 68 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) PH202876	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER P71844					
LOT 1&2	BLOCK 79 DK 12	PLAT NAME OR SECTION/TOWNSHIP/RANGE 32 TN 35 R 04		QUARTER/QUARTER SECTION 04	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER BRUCE D JOHNSON				DOL CUSTOMER ACCOUNT NUMBER JOHNSBD470K7	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 17536 ALLEN ROAD		CITY BOW	STATE WA	ZIP CODE 98232	
NAME OF LEGAL OWNER SAME				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS SAME		CITY	STATE	ZIP CODE	
<b>GRANTEE</b>					
NAME BRUCE D JOHNSON					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE: <i>Bruce D Johnson</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE:					
<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>					
State of Washington County of Skagit		Signed or attested before me on 12-2-04			
by Bruce D. Johnson		Signature <i>Bruce D Johnson</i>			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Notary		PRINTED NAME OF NOTARY			
Title		County/Office No. OR Dealer No. OR Notary Expiration Date 3-9-07			
DEALERSHIP POSITION/AGENT/NOTARY		AND:			
<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)		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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input 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 #	
JAMES SHERWOOD		360 755-0077		99298	
SIGNATURE / POSITION		DATE			
<i>James Sherwood</i> Building Official		12/3/04			



MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER &140187	YEAR 1999	MAKE PALMH	LENGTH/WIDTH (FEET) 68 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) PH202876	
<b>6 SIGNATURE OF LEGAL OWNER</b>					
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		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: Notary Expiration Date _____	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
BURLINGTON LOTS 1 & 2 BLK 79 DK 12					
<b>8 DEALER'S REPORT OF SALE</b>					
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	
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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) Harriette Macra		COUNTY OFFICE / FS OPERATOR NUMBER 2901-21			
SIGNATURE Harriette Macra		DATE 12/6/04			
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.					
<b>APPLICANTS:</b> 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 TTY (360) 684-8885.



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