



200506030172

Skagit County Auditor

6/3/2005 Page 1 of 2 4:01PM

RETURN ADDRESS

Jane K. Martin
29411 S. Skagit Highway
Sedro Woolley, WA 98284-8600

STATE OF WASHINGTON Department of LICENSING **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**
 TITLE ELIMINATION
 TRANSFER IN LOCATION
 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 &80782 YEAR 1989 MAKE FLTWD LENGTH/WIDTH(FEET) 60 X 28 VEHICLE IDENTIFICATION NUMBER (VIN) ORFLJ48A08848AM

2 LAND LEGAL DESCRIPTION ON PAGE _____
MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P40189

LOT 4 BLOCK PLAT NAME Skagit County Short Plat No. 12-85, AF 8512310002 SECTION/TOWNSHIP/RANGE 25/35/5

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____
COUNTY NUMBER NUMBER OF REGISTERED OWNERS 1 NUMBER OF LEGAL OWNERS

NAME OF REGISTERED OWNER Jane K. Martin
NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS 29411 S. Skagit Highway CITY Sedro Woolley STATE WA ZIP CODE 98284-8600

NAME OF LEGAL OWNER SAME AS REGISTERED OWNER
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 Jane K. Martin by Linda Remick, POA
Signature of Additional Registered Owner and Title, IF APPLICABLE Jane K. Martin By Linda Remick POA

NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of Skagit Signed or attested before me on 4/27/05
NOTARY PUBLIC Jane K. Martin by Linda Remick, Attorney in Fact Signature
STATE OF WASHINGTON PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
B. ELIZABETH THOMPSON PRINT NAME OF REGISTERED OWNER B. Elizabeth Thompson
My Appointment Expires JUNE 19, 2007 PRINTED NAME OF NOTARY
AND: County/Office No. OR Skagit Dealer No. OR Notary Expiration Date 06/19/07
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) Linda Remick TITLE COMPANY / PHONE NUMBER First American Title Insurance Co.
SIGNATURE / POSITION Escrow Assistant DATE 4/27/05
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: 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.
NAME (TYPED OR PRINTED) TISH CAMPBELL - SKAGIT CO. PLANNING & DEV. SERV. 9410 BLDG PERMIT # BPO3-1596
SIGNATURE / POSITION Tish Campbell, Permit Technician DATE 04/27/05

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 Jane K Martin by Linda Remick P&A
 Jane K. Martin by Linda Remick, Attorney in

Signature of Additional Legal Owner and Title, IF APPLICABLE _____ Fact

NOTARY SEAL OR STAMP NOTARY PUBLIC STATE OF WASHINGTON B. ELIZABETH THOMPSON My Appointment Expires JUNE 19, 2007	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>4-27-05</u>
	Jane K. Martin by Linda Remick Attorney in fact NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER Title _____ DEALERSHIP POSITION/AGENT/NOTARY _____	PRINTED NAME OF NOTARY <u>B. ELIZABETH THOMPSON</u> County/Office No. OR <u>Skagit</u> AND: Dealer No. OR _____ Notary Expiration Date <u>06/19/07</u>

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 4 of Skagit County Short Plat No. 12-85, approved December 26, 1985 and recorded November 31, 1985 under Auditor's File No. 8512310002 in Volume 7 of Short Plats, Page 62, records of Skagit County, Washington; being a portion of the Southwest 1/4 of the Southwest 1/4 of Section 25, Township 35 North, Range 5 East W.M.

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) <u>N/A</u>	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).		

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>Garrie McCrea</u>	COUNTY OFFICE VEHICLE OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u>[Signature]</u>	DATE <u>6/3/05</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
 If you need special accommodation, please



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