200507060099 Skagit County Auditor

RETURN ADDRESS

7/6/2005 Page 1 of 2 2:34PM

and the state of t		_ · · · · · · · · · · · · · · · · · · ·
(Jolf Egerol	w Cop.	
00 BOY 50	250	_
$\frac{1}{4}$.0.10x 10	000.00	_
CYMNWOOD, 4	JA 78046	_
E# 2000	11486	
The land	Vica a Tille	
[N St FINC	MOV) (ITIC	
STATE OF WASHINGTON Department of LICENSING	MANUFACTURED I	☐TITLE ELIMINATION ☐TRANSFER IN LOCATION ☐MREMOVAL FROM REAL PROPERT
	es a false statement of a material fact is ction may be punished by a fine, impris	is guilty
		501111011, 01 50111 (11011 1011 1211 10)
MANUFACTURED HOME TPO / PLATE NUMBER YEAR	Marie Level Indiana	VEHICLE IDENTIFICATION NUMBER (VIN)
198	4 Glen River 66 x 14	GR 23458
2 LAND		AL DESCRIPTION ON PAGE
<u> </u>		REAL PROPERTY TAX PARCEL NUMBER
MANUFACTURED HOME WIL	LL BE AFFIXED A REMOVED	3877-000-040-0006
LOT IJA BLOCK	PLAT NAME OF SECTION/TOWNSHIP/R	کا فات کا ما است است است است است است است است است اس
70	Cedar Grove or	7
GRANTOR(S) REGISTER	ED/LEGAL OWNER(S) ADD	DITIONAL NAMES ON PAGE
COUNTY NUMBER	NOMBER OF REGISTERED OWNER	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBE
Tarame 1	Moser	
NAME OF ADDITIONAL REGISTERED C	DWNER 00	DOL CUSTOMER ACCOUNT NUMBER
Kimberly	D. Mosex	
ADDRESS	1 CITY (STATE ZIP CODE
4661 Sak	er Loop Kd., C	Oncrete, WA 98237
Same as	about V	
NAME OF ADDITIONAL LEGAL OWNER	Representation of the second o	DOL CUSTOMER ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE
		Control of the Contro
GRANTEE NAME		
DO SOLEMNLY ATTEST UN VEHICLE AND THIS INFORM		WE AMARE THE REGISTERED OWNER(S) OF THIS
Cinnet or of Desista	red Owner and Title, IF APPLICABLE	Le us of Tracesou
Signature of Register		MOM CHE FRANCE
Signature of Hogister	Ted Owner and Time, II ATT LICADLE	
		enleil Men
	ered Owner and Title, IF APPLICABLE	INCOME A CONTROL SIGNATURE
	ered Owner and Title, IF APPLICABLE	
	ered Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICATION	
	NOTARIZATION/CERTIFICATION State of Washington County of TOWAYNO	Signed or attested May 4, 2005
	NOTARIZATION/CERTIFICATION State of Washington	Signed or attested Macu U 2005
Signature of Additional Registe	State of Washington County of By Tevenson County of PRINT NAME OF REGISTERED OWNER	Signed or attested before me on May 4, 2005
Signature of Additional Registe	NOTARIZATION/CERTIFICATION State of Washington County of State of Washington County of Mose	Signed or attested before me on May 1, 2005 Signature NOTARY OR AGENT OSCY Liva Trastag PRINTED NAME OF NOTARY
Signature of Additional Registe	by HINT NAME OF REGISTERED OWNER Title	Signed or attested May 4, 2005 Property Signature NOTARY DRAGENT OSCH Kira Krastag
Signature of Additional Registe STANKARO FORMAN STANKARO NOTAR PUBLIC OR PUBLIC OR PUBLIC OR PUBLIC OR PUBLIC OR WASHINITIA	by Jerono County of State of Washington County of Sprint NAME OF REGISTERED OWNER Title DEALERSHIP POSITION/GENT/NOTARY	Signed or attested before me on May 4, 2005 Signature NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Skagit
Signature of Additional Registe Signature of Additional Registe OF ACTURE OF ADDITIONAL STAMP OF ACTURE OF ACTURE OF ADDITIONAL STAMP OF ACTURE OF A	State of Washington County of BY PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION GENT/NOTARY PRINT NAME OF REGISTERED OWNER TITLE DEALERSHIP POSITION GENT/NOTARY FICATION	Signed or attested before me on May 1, 2005 Signature NOTARY DRAGENT SIGNATURE NOTARY DRAGENT COUNTY/Office No. OR Stagit AND: Dealer No. OR Notary Expiration Date 10-01-08
Signature of Additional Registe SION SION SION SION SION SION SION SIO	State of Washington County of by PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION/GENT/NOTARY FICATION on of the land and ownership is true and contents.	Signed or attested before me on May 4, 2005 Signature NO FRAGENT OSC LITA TO STAG PRINTED NAME OF NOTARY County/Office No. OR Skagit AND: Dealer No. OR Notary Expiration Date 10-01-08 correct per the real property records.
Signature of Additional Registe NOTARY PUBLIC WASHINITIAN TITLE COMPANY CERTIFICATION LOCAL COMPANY CERTIFICATION CONTRACTOR OF PRINTED) DON GREECE	State of Washington County of by PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION/GENT/NOTARY FICATION on of the land and ownership is true and contents.	Signed or attested before me on May 4, 2005 PRINTED NAME OF NOTARY COUNTY/Office No. OR Stagit AND: Dealer No. OR Notary Expiration Date 10-01-08 COFFECT PER THE FEAL PROPERTY FECORDS. FILE COMPANY / PHONE NUMBER CO. 1 16 (2005)
Signature of Additional Registe NOTARY PUBLIC WASHINITIAN TITLE COMPANY CERTIFICATION LOCAL COMPANY CERTIFICATION CONTRACTOR OF PRINTED) DON GREECE	State of Washington County of BY PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION GENT NOTARY FICATION On of the land and ownership is true and county of the land and ownership is true and	Signed or attested before me on May 1, 2005 Signature NOTARY DRAGENT COUNTY/Office No. OR Skagit AND: Dealer No. OR Notary Expiration Date 10-01-08 COFFECT PER THE REAL PROPERTY RECORDS THE COMPANY / PHONE NUMBER I C C T I TE COMPANY / PHONE NUMBER I C C T I TE COMPANY / PHONE NUMBER I C C T T TE COMPANY / PHONE NUMBER I C C T T TE COMPANY / PHONE NUMBER I C C T T TE C DATE
Signature of Additional Register SION SIGNATURE / POSITION Signature of Additional Register Signat	State of Washington County of BY PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION GENTINOTARY FICATION On of the land and ownership is true and county of the land and ownership is true and c	Signed or attested before me on May 4, 2005 Signature NOTARY DRAGENT COUNTY/Office No. OR Skagit AND: Dealer No. OR Notary Expiration Date 10-01-08 COFFECT PER THE FEAL PROPERTY FECORDS. THE COMPANY / PHONE NUMBER I Can Title Company / Date Date Date Correct Date Date Correct Date Correct Date Correct Date Company / PHONE NUMBER
Signature of Additional Register SIGNATURE COMPANY CERTIFICATION SIGNATURE / POSITION Finalize this application with	State of Washington County of BY PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION/GENT/NOTARY FICATION On of the land and ownership is true and county of the land and ownership is true and	Signed or attested before me on May 1, 2005 Signature NOTARY DRAGENT COUNTY/Office No. OR Skagit AND: Dealer No. OR Notary Expiration Date 10-01-08 COFFECT PER THE REAL PROPERTY RECORDS THE COMPANY / PHONE NUMBER I C C T I TE COMPANY / PHONE NUMBER I C C T I TE COMPANY / PHONE NUMBER I C C T T TE COMPANY / PHONE NUMBER I C C T T TE COMPANY / PHONE NUMBER I C C T T TE C DATE
Signature of Additional Register SION NOTAR PUBLIC WASH TITLE COMPANY CERTIFICATION LOCAL COMPANY CERTIFICATION SIGNATURE (POSITION Finalize this application with BUILDING PERMIT OFFICE The most	State of Washington County of BY PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION GENT NOTARY FICATION CORY FIRST A MECE Licensing Agent within 10 calendar data CE CERTIFICATION	Signed or attested before me on May 4, 2005 Signature NOPARY DRAGENT OSC LITA TOTARY County/Office No. OR Stagit AND: Dealer No. OR Notary Expiration Date 10-01-08 correct per the real property records. FILE COMPANY / PHONE NUMBER ICANTIFIE DATE DATE DATE Lays of the date Title Company Representative signs.
Signature of Additional Registe NOTARY PUBLIC WASH CONTRICTION TITLE COMPANY CERTIFICATION SIGNATURE / POSITION Finalize this application with BUILDING PERMIT OFFICE The manual contribution of the manu	State of Washington County of DEALERSHIP POSITION/GENT/NOTARY FIGATION COUNTY OF COUNTY DEALERSHIP POSITION/GENT/NOTARY FIGATION COUNTY OF COUNTY DEALERSHIP POSITION/GENT/NOTARY FIGAL FIRST A MECE CERTIFICATION Inufactured home has been affixed to the county of coun	Signed or attested before me on May 4, 2005 Signature NOPARY DRAGENT OSC LITA TOTARY County/Office No. OR Stagit AND: Dealer No. OR Notary Expiration Date 10-01-08 correct per the real property records. FILE COMPANY / PHONE NUMBER ICANTIFIE DATE DATE DATE Lays of the date Title Company Representative signs.
Signature of Additional Register SSION NOTAR PUBLIC WASH Certify that the legal description NAME (TYPED OR PRINTED) Finalize this application with BUILDING PERMIT OFFICE certify that: a building a building permit of the mail is a building a building a building permit of the mail is a building a building permit of the mail is a building a building permit of the mail is a building p	State of Washington County of DEALERSHIP POSITION/GENT/NOTARY FIGATION COUNTY OF COUNTY DEALERSHIP POSITION/GENT/NOTARY FIGATION COUNTY OF COUNTY DEALERSHIP POSITION/GENT/NOTARY FIGAL FIRST A MECE CERTIFICATION Inufactured home has been affixed to the county of coun	Signed or attested before me on May 4, 2005 PRINTED NAME OF NOTARY County/Office No. OR Notary Expiration Date 10-01-08 COFFECT PRINTED NUMBER COMPANY / PHONE
Signature of Additional Registe NOTARY SOLUTION NOTARY PUBLIC WASH CERTIFICATION SIGNATURE / POSITION Finalize this application with BUILDING PERMIT OFFICE The manual content of the manual	State of Washington County of PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION GENT NOTARY FICATION On of the land and ownership is true and county of the land and ownership is true and coun	Signed or attested before me on May 4, 2005 PRINTED NAME OF NOTARY County/Office No. OR Notary Expiration Date 10-01-08 COFFECT PRINTED NUMBER COMPANY / PHONE
Signature of Additional Register SSION NOTAR PUBLIC WASH Certify that the legal description NAME (TYPED OR PRINTED) Finalize this application with BUILDING PERMIT OFFICE certify that: a building a building permit of the mail is a building a building a building permit of the mail is a building a building permit of the mail is a building a building permit of the mail is a building p	State of Washington County of PRINT NAME OF REGISTERED OWNER Title DEALERSHIP POSITION GENT NOTARY FICATION On of the land and ownership is true and county of the land and ownership is true and coun	Signed or attested before me on May 4, 2005 PRINTED NAME OF NOTARY County/Office No. OR Notary Expiration Date 10-01-08 COFFECT PRINTED NUMBER COMPANY / PHONE

No. and the second					
MANUFACTURE	D HOME - FR	OM SECTION 1		_	
TPO/PLATE NUMBER	YEAR 198	Y Glan River 6	OCX 14	HICLE IDENTIFICATION NUMBER	R (VIN)
6 SIGNATURE	OF LEGAL OW	NER			
	LEGAL OWNE		FOR ELIMINATION	N OF TITLE / REMOVAL	FROM REAL PROPERTY.
		e and Title, IF APPLICA	BLE		
Signature of Addit	tional Legal Owr	ner and Title, IF APPLICA	BLE		
NOTARY SEAL	OR STAMP	NOTARIZATI	ON/CERTIFICATIO	N FOR LEGAL OWNER	(S) SIGNATURE
	`. }	State of Washington Signed or attested before me on			
		by PRINT NAME OF LEGAL O	WNER	Signature NOTARY OF	AGENT
	. 1	by PRINT NAME OF LEGAL O	MAKED	PRINTED NAME OF NOT	ADV
		PHINT NAME OF LEGALO	WNEH	PRINTED NAME OF NOT County/	Office No. OR
	-	Title	GENT/NOTARY		Dealer No. OR
Z LAND DESC	DIDTION (A to				
LAND DESC	RIPTION (A IE	gai description of the	land ean be obtai	ned from the local Col	unty Assessor's Office)
Lot 4	o, ver	PAREAROUE	ON THE	SKAGIT	" as per ", pages 48 agit County,
pla+	recorde	of in vol	une 9	of Plats	, pages 48
through	4 5%	inclusive	-, recor	as or se	aget county,
Washir	gton.				
	J		A Comment	A Commence of the Commence of	
8 DEALER'S F	REPORT OF SA	I F	The same of the sa		
I CERTIFY TH	AT THIS INFOR		and the second s	LEAR OF ENCUMBRAN	ICES EXCEPT AS SHOWN.
DEALER NAME (TYPE				WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	UI. XAT	RISDICTION/TAX RATE DEA	LER'S AUTHORIZED SIG	INATURE	
T G T G T T T G E		THOUSE TO A TAKE	ALLING AG ITIOTIZED GIG		
					zed statement of delivery).
		LICENSING OFFICE AF			**
I certify that the at with the recording		appears to have been cor	mpleted correctly, an	d the applicant has sufficie	ent documentation to proceed
NAME (TYPE) OR PR	RINTED)	No. 1	•	COUNTY OFFICE/VFS OPER	ATOR NUMBER
100	LIGOTT	TIQUO		290+02	
SIGNATURE		1	۲,	Managa et II	M/10/10/10/
		/>` /		e with	כטושטווט
10 TITLE FEES FILING FEE	APPLICATION	MOBILE HOME F	EL BAINATION	EEE LUCETAY	
FICING FEE	AFFLICATION	MOBILE HOWE P	EE ELIMINATION	FEE USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
IMPORTANT:		plication has been ap			
		fince, take your applicated in the recording fees		County Recording Office retains	ж.
				y of the recorded form	
Al	PPLICANTS:			Vehicle Licensing offic	
		Manufactured Home licensing subagents		ing all required fees. V fee.	'ehicle
Eor fi	ıll instructions			ation, Removal from R	aal Property or
				Home Application Inst	

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885