200508310010 Skagit County Auditor

RETURN ADDRESS

8/31/2005 Page

1 of

4 8:38AM

<u> </u>		
	·	CHICAGO TITLE IC34174
STATE OF WASHINGTON Department of LICENSING	es a false statement of a material fact is guil	☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROPERTY
	tion may be punished by a fine, imprisonme	ent, or both. (NCW 46.12.210)
MANUFACTURED HOME		'EHICLE IDENTIFICATION NUMBER (VIN)
198		ORFL2AF084282
2 LAND	LEGAL	DESCRIPTION ON PAGE
MANUFACTURED HOME WI	LL BE XX AFFIXED REMOVED	3991-000-005-0000 P68796
LOT BLOCK	PLAT NAME SAMISH SHORES PLAT	SECTION/TOWNSHIP/RANGE
GRANTOR(S) REGISTER	RED/LEGALOWNER(S) ADDIT	ONAL NAMES ON PAGE
COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
NAME OF REGISTERED OWNER		
Harold S. Whi		
NAME OF ADDITIONAL REGISTERED Kathryn K. Wh	St. M. Market and Co.	
ADDRESS	ų ̃, įči CITY	STATE ZIP CODE
3734 E. View	Crest Circle Salt Lake	City UT 84124
Washington Mu	tual Bank	<u> </u>
NAME OF ADDITIONAL LEGAL OWNE	A Company of the Comp	
ADDRESS	CITY	STATE ZIP CODE
7255 Bay Mead	ows Way Jacksonville Fl	32256
GRANTEE NAME		
I DO SOLEMNLY ATTEST UP VEHICLE AND THIS INFORM	NDER PENALTY OF PERJURY THAT I/ WE IATION IS ACCURATE:	AM/ARE THE REGISTERED OWNER(S) OF THIS
Signature of Regist	ered Owner and Title, IF APPLICABLE	rel S. White
	ered Owner and Title, IF APPLICABLE	
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION	TTYN K. WHILE NFOR REGISTERED OWNER(S) SIGNATURE
	State of Washington Utah County of Januare	Signed or attested 4/4/05
	County of And County	before me on 1/71/05
	by Harold S. White	Signature Jam Justice
	by Kathryn K. White	PAM FISHER
	PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY County/Office No: OR
	Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: Dealer No. OR 7-31-01
4 TITLE COMPANY CERTI	FICATION	
l certify that the legal descripti NAME (TYPED OR PRINTED)	on of the land and ownership is true and correc	t per the real property records.
NAME (TYPED OR PRINTED)		
SIGNATURE / POSITION		DATE
Finalize this application with	a Licensing Agent within 10 calendar days	of the date Title Company Representative signs.
5 BUILDING PERMITOFFI	CECERTIFICATION	
I certify that: Tabuild	anufactured home has been affixed to the real p	property as described. Indicate the described will be inspected upon completion.
NAME (TYPED OF PRINTED)	BLDG PERMIT OFFICE/PHONE	E# BLDG PERMIT #
719H CAMPBELL	- XCASIT COUNTY PLANNING-	36958-9410 # 16310 DATE
SIGNATURE / POSITION	shell Permit the	Notary Public 01/50/05
TD-420-729 MANUF HOME APPL (R/8)	99/OR Page 1 of 2	PAM FISHEH 5564 South Green Street
	. 15/	Murray, Utah 84123 My Commission Expires

6 SIGNATURE OF LE	GAL OWNER				
SIGNATURE OF LEGA	L OWNER INDICATES CO	NSENT FOR ELIMINA	TION OF TITLE / REM	OVAL FROM REAL PROP	PERTY
Cionatura et l	egal Owner and Title, IF AP	DUGABLE S	on a Hack	a c 0	
Signature or t	egal Owner and Title, IF AP	PLICABLE	<u>a wace</u>		
	egal Owner and Title, IF AP	PPLICABLE			
NOTARY SEAL OR STAN	NOTA	RIZATION/CERTIFICA	TION FOR LEGAL OW	NER(S) SIGNATURE	
	State of Washingto		Signedor		
	County	of		e me on	
	by		Signature		
	PRINT NAME OF L	EGAL OWNER		ARY OR AGENT	
	by PRINT NAME OF C	FOM CHAIFE	BBUILDE NAME OF		
	The control of the co	LEGAL OWNER		ounty/Office No. OR	
	Title	SITION/AGENT/NOTARY	AND:	Dealer No. OR otary Expiration Date	
7 LAND DESCRIPTIO	N (A legal description of t	the land can be obtain	ed from the local Cou	nty Assessor's Office	
Iot 5 SAMI	SH SHORES PLA	T cocondin	r to the pla	+ thomas	
recorded in	Volume 8 of	Plats nage	g to the pra	records of	
	ty Washington		s r and ra,	records or	
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Situated in	Skagit Count	y, Washingto	on.		
			Section of the sectio		
		. And the state of			
		and the state of t			
B DEALER'S REPORT	T OF SALE				
	S INFORMATION IS CORR		CLEAR OF ENCUMBE	RANCES EXCEPT AS SHO	OWN.
DEALER NAME (TYPED OR PF	LES TAX HAS BEEN COLL RINTED)	ECTED.	WA DEALER NUMBER	DATE OF SALE	
•	,				
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED	SIGNATURE		
			And the second of the second	···	
	MPT Sale to a Certified Trib				
	AGENT LICENSING OFFIC lication appears to have been				
the recording of this form.		rcompleted correctly, ar	id trie applicant pas sumo	sient documentation to proce	eed witr
NAME (TYPED OR PROTED)			COUNTY OFFICE/VES	OPERATOR NUMBER	
rodi	MISO 1411	igulo.	2901-	25	
SIGNATURE		*		DATE /31/0	
O TITLEPEES				08/31/0	<u>ا</u>
	PLICATION MOBILE H	HOME FEE ELIMINATI	ION FEE USE TAX	SUBAGENT FEE	5
				TOTAL FEES & T	TAX
					4,
				AND THE PARTY OF T	N. N.
IMPORTANT:	Once the application had Licensing Office, take y	as been approved by	y the County Auditor	/ Vehicle	
	Retain proof of the rece	ording fees paid. If t	he Recordina Office	retains	
	your original application				ore ⁱⁿ
APPLICA	ANTS: Once recorder	d, you must return to	a Vehicla Licensino	office to file the	ا الوعمانية الوعمانية
AI I LIO		Home Application, p			
\		gents charge a servi			
For full instr	uctions on completing th	his form for Title Elia	ination Removed for	om Real Property	1
	in Location, see form T				100

The Department of Licensing has a If you need special accommodation



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1 MANUFACTU	REDHOME						
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2 LAND	11809	<u> Elimood</u>		L DESCRIPT			
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ьот 5	BLOCK	PLAT NAME SAMISH	SHORES PLA	ΥT	15	SECTION/TOW	NSHIP/RANGE
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COUNTY NUMBER 29)	NUMBER (OF REGISTERED OWNERS	5	NUMBER	OF LEGAL OV	VNERS
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NAME OF ADDITIONAL		5.8	all produced to the second of the second				
Kathryn	K. WHILL	<u> </u>	CITY			STATE	ZIP CODE
3734 E.	View_Cr	est Circl	e Salt Lake	city	UT	84124	
NAME OF LEGAL OWNE		3 D	The second se				
Washingt NAME OF ADDITIONAL		ial Bank		<u> </u>			
MANIE OF ADDITIONAL	LLUAC OFFICE						
ADDRESS			CITY	<u> </u>		STATE	ZIP CODE
	<u>Meadow</u>	s Way Jac	ksonville 1	FL 322	256	·	
GRANTEE NAME			<u> </u>		1		
					Ý		
I DO SOLEMNLY	ATTEST UNDI	ER PENALTY OF P	ERJURY THAT I / W	E AM/ARE T	HE REGI	STERED O	WNER(S) OF THIS
				and/s	. Whi	te.	
Signatui	re of Registere	d Owner and Title, li	APPLICABLE Ha	rald S.	Wh1.	ţe	
Signature of Additi	onal Registere	d Owner and Title, II	APPLICABLE				and the state of t
NOTARY SEAL OF	:		TION/CERTIFICATION		47"	K _{1,}	SIGNATURE
		State of Washington	Utah Sanduh	<i>(</i>		attested ore me on	4/4/05
	 		· •			$\mathbf{D}_{\mathbf{x}}$	
	ļ	by Harold	S. White	Sigr	nature 7	ARYOR AGE	laker
	į				PAM	FISH	EP
	į	by <u>Kathryn</u>	GISTERED OWNER	PRI		OF NOTARY County/Office	No OB
	1	Title Notar			AND:		No. OR
4 TITLECOMPA	NYCERTIEIC		TION/AGENT/NOTARY			totory ⊏xpirat	To the second se
			ership is true and corre	ect per the re	al propert	y records.	
NAME (TYPED OR PRIN			TITL	E COMPANY / P	HONE NUM	BER	DATE
SIGNATURE / POSITION	N						
Finalize this appli	cation with a l	icensing Agent w	ithin 10 calendar day	s of the date	a Title Co	mpany Rep	resentative signs.
5 BUILDING PE	RMITOFFICE	CERTIFICATION					
I certify that:	☐ the manu	factured home has l permit has been iss	peen affixed to the rea	al property as and the attacl	described hment will	ı. be inspecte	d upon completion.
NAME (TYPED OR PRIN			DU BERMIT UEEILEIBHO			BLDG PER	
							DATE
SIGNATURE / PI		05083100	 			tary Public	
TD-420-729 MAN	Skag	it County Audi	tor			M FISHER outh Green St	

8/31/2005 Page

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Signature of LEG	AL OWNER	74/2			Many (abbat	E/REMO!	VAL FR	m Mut	ROPERTY.
	200	and the second			• ()		7 .	•		
Signature of Additiona	AMP T				RTIFICATIO	NEORLE	GAL OWN	ER(S) S	IGNATURE	
ANG C	RANA	State of Was	shington ounty of	<u>Kir</u>	ng -		Signed or at before	tested	04/0	7/05
PUBLIC	ES	PRINT NAM	1	AL OWNER		Signa		Y OR MGE	G.	TRAN
OF WASH	القوائي:	Title	range Karang	AL OWNER	TAGY		AND:	Deale	e No. OR er No. OR ation Date	1/29/07
LAND DESCRIPT	1031 /4 1077					rom the l				9
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Situated i	n Skag	git Co	unty	, Wash	ington	•				
					V.	40h				
				·	And the second second					
8 DEALER'S REPO										
I CERTIFY THAT T					HICLEISCL	EAR OF I	ENCUMBR	ANCES	EXCEPT AS	SHOWN.
DEALER NAME (TYPED OF					100 mg 1 m	WA DEAL	ER NUMBER		DATE OF SALE	
PURCHASE PRICE	TAX JUE	RISDICTION/T/	AX FIATE	DEALER'S A	UTHORIZED SIG	NATURE				
USETAXE	KEMPT Sale	e to a Certifi	ed Tribal	memberon	the reservation	on (attach	notarized s	tatemen	t of delivery)	
9 COUNTY AUDITO										
l certify that the above a		pears to ha	ve been c	completed co	orrectly, and th	ne applica	nt has suffic	ient docu	umentation to	proceed with
NAME (TYPED OR PRINTE						COUNTY	OFFICE/VFS (PERATO	RINUMBER	
, ,							A CONTRACTOR		No.	
SIGNATURE			***						DATE	,
4 .		<u> </u>								
10 TITLE FEES					<u> </u>					
FILING FEE	APPLICATION		MOBILE HO	OME FEE	ELIMINATION	FEE	USE TAX	the State of the S	SUBAGE	NT FEES
		<u> </u>		"			- 	7. P.	TOTAL F	EES & TAX
IMPORTANT:	Licensi Retain	ing Office, proof of the	, take yo he reco	our applicanding fees	proved by thation form to paid. If the ain a certifie	the Co Recordi	unty Reco ng Office	rding C retains	Office.	
APPL	ICANTS:	Manufac	ctured H	lome Appl	return to a lication, pay ge a service	ing all re	Licensing equired fee	office (es. Veh	to file the licle	
					Title Elimin Manufactur					1

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, c

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

200508310010 Skagit County Auditor