

9/14/2005 Page RETURN ADDRESS

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SKAGH COURT PERMIT CRITE

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			TO BELLY COME BOOK & S. SECTION SECTION.
STATE OF WASHINGTON Department of ICENSING Anyone who knowingly makes a fellowy, and upon conviction.	MANUFACTURED HO APPLICATION Talse statement of a material fact is guidance be punished by a fine, imprisonment	TITLE E ☐TRANSF ☐REMOV	LEASE CHECK ONE LIMINATION FER IN LOCATION AL FROM REAL PROPERTY .12.210)
MANUFACTURED HOME			
TPO / PLATE NUMBER YEAR		VEHICLE IDENTIFICATION N	IUMBER (VIN)
&186386 2001	SKY 28 X 44	21910297N DESCRIPTION ON PA	VCE
2 LAND	LEGAL	REAL PROPERTY TAX P	
MANUFACTURED HOME WILL B	A N. M.		3-0003/P63474
OT BLOCK 0	PLAT NAME Cape Horn on Skagit Division No.		CTION/TOWNSHIP/RANGE
GRANTOR(S) REGISTERED/I		IONAL NAMES ON PA	AGE
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER O	F LEGAL OWNERS
NAME OF REGISTERED OWNER RUSSel Eller			
KUSSEL LITER NAME OF ADDITIONAL REGISTERED OWN			
ADDRESS 42106 Pine Street,	Concrete,		STATE ZIP CODE VA 98237
NAME OF LEGAL OWNER			
Russel Eller	North Control of the	<u> </u>	
NAME OF ADDITIONAL LEGAL OWNER	The state of the s		
ADDRESS 42106 Pine Street	Concrete,	, v	STATE ZIP CODE NA 98237
GRANTEE	The second secon		
NAME	<u>, </u>	7))	
I DO SOLEMNLY ATTEST UNDER	PENALTY OF PERJURY THAT I / WE	AM/ARE THE REGIS	TERED OWNER(S) OF THIS
VEHICLE AND THIS INFORMATION	ON IS ACCURATE:		5
Signature of Registered	Owner and Title, IF APPLICABLE	ssel Eller	cul-
	Owner and Title, IF APPLICABLE		
NOTABY CEAL OF STAMP	NOTARIZATION/CERTIFICATIO	the state of the s	
NOTABLE STAMP R. TOM R. TOM	tate of Washington County of SKAGIT	Signed or a	erne on Mile 25,2005
Q. C. S.	•		a Colomo
NOTARY PUBLIC	RUSSEL Eller PRINT NAME OF REGISTERED OWNER	Signature	RY OR AGENT
6-26-2009 S	V	RANDI	RETOMILIN
OF WASHING	PRINT NAME OF REGISTERED OWNER		ounty/Office No. OR
FOF WASHIN	itle Notary DEALERSHIP POSITION/AGENT/NOTARY	AND:	Dealer No. OR
4 TITLE COMPANY CERTIFICA	TION		
	the land and ownership is true and corre	ct per the real property COMPANY / PHONE NUMBE	records
NAME (TYPED OR PRINTED) Tamara Satko	First American Title		0-293-5423
SIGNATURE / POSITION	40 0		DATE 1/65
Juna Palacian with a li	censing Agent within 10 calendar days	of the date Title Com	pany Representative signs.
Finalize this application with a Li BUILDING PERMIT OFFICE C			<u> </u>
the manufa	actured home has been affixed to the real permit has been issued for this purpose ar	property as described. nd the attachment will b	e inspected upon completion
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHON	E# 336-9410	BLDG PERMIT # BP00 - 0817
Elaine Pitmar, signature/position	Skagit Co. Planning		DATE
	(.)		9-13-05

SIGNATURE OF L	EGAL OW	NER								
SIGNATURE OF LEG	AL OWNE	RINDICA	TES CON	SENT FOR	ELIMINATIS	N OF TIT	LE/REM	OVAL F	ROM REAL	PROPERTY.
Signature o	f Legal Owr	ner and Tit	ie, IF APPI	LICABLE	K	كعلالمعا	2	Eol	و(
Signature of Additiona	ıl Legal Owr	ner and Tit	le, IF APPI	LICABLE _						
NO ARY STOREST		V J	NOTARI	ZATION/CI	ERTIFICATIO	N FOR LE	GAL OV	VNER(S)	SIGNATU	RE
PO RESIGNER TOPS	$V \setminus \bot$	State of W	/ashington	4.1		5	Signed or	attested	4	
A AND SALE	./ //	Same State of the	County of	SKA	611		befo	re me on	Hilang	15,200S
S NOTATION	1 1	by _Rus	sel El	ler		Signa	Nura H	03	4	Position
6.26.200	18/6	PRINT	NAME OF LEG	SAL OWNER		Olyik		ARY OR A	BENT	u juren-
6.26.20	5	by				<i>X</i>	4ND1	<u> R</u> .		ILIN
STATE CONTRACT	37.1	PRINT	NAME OF LEG			PRINT	ED NAME		Y ice No. OR	
	.	Title	Notar	Y ION/AGENT/N	OTARY		AND:		aler No. OR_ iration DateZ	-26-09
LAND DESCRIPTI	ON (A lega	al descrip	tion of the	e land can	be obtained	from the l	ocal Cou	nty Ass	essor's Off	ice
Skagit Count	ty, Was	hingto	on.		samaka kundu					
					A STATE OF THE PARTY OF THE PAR					
DEALER'S REPO	RT OF SAL	E				77				
CERTIFY THAT TH					HICLE IS CL	EAR OF E	NCUMB	RANCES	EXCEPT	AS SHOWN.
ANY REQUIRED SA DEALER NAME (TYPED OR		HAS BEE	NCOLLE	CTED.	And the state of the state of	TWA DEALE	R NUMBER	<u> </u>	DATE OF SA	N.E.
	,				į		V.			
URCHASE PRICE	TAX JU	RISDICTION	TAX RATE	DEALER'S A	UTHORIZED SIG	NATURE	Ŋ			
USE TAX EX	EMPT Sal	e to a Cert	ified Tribal	member on	the reservation	on (attach i	notarized	stateme	nt of deliver	·/\
COUNTY AUDITO									nt or deliver	//·
certify that the above ap		ppears to h	ave been c	ompleted co	orrectly, and th	ne applican	ithas suff	icient doc	umentation	to proceed with
IAME (TYPED OB PRINTED			, ,			COUNTY	FFICENTS	OPERATO	R NUMBER	
Kock	+40	A,	1416				2901	1-07	·	
SIGNATURE	<i>ソ</i> /	<i>"</i>	7				•	7 1	DATE O	11/100
O TITLE FEES							 \	A M	Oyr.	7/03
	APPLICATION		MOBILE HO	ME FEE	ELIMINATION	FEE	USE TAX		SUBAG	ENT FEES
IMPORTANT:	Licensi	ing Office	e, take yo	ur applica	proved by the	the Cou	nty Rec	ording (cle Office.	FEES & TAX
	your or	riginal ap	plication	form, obta	in a certifie	d copy o	f the rec	orded f	orm.	
APPLI	CANTS:	Manufa	actured H	ome Appli	return to a cation, pay e a service	ing all red				
					Title Elimin Manufactur					, 6

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