

RETURN ADDRESS



200510250119

Skagit County Auditor

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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 E119433	YEAR 1998	MAKE GOLDE	LENGTH (FEET) 56 x 27	VEHICLE IDENTIFICATION NUMBER (VIN) GWOR23N19071
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2 LAND

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: 360327-3-006-0002, P48434

Lot	Block	Plat Name or Section/Township/Range 27, 36, 3	Quarter/Quarter Section
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	ADDITIONAL NAMES ON PAGE	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Terry Allen Johnson

NAME OF ADDITIONAL REGISTERED OWNER
Kimberley Ann Johnson

ADDRESS	CITY	STATE	ZIP CODE
4913 Chuckanut Drive,	Bow	WA	98232

NAME OF LEGAL OWNER
America's Wholesale Lender

ADDRESS	CITY	STATE	ZIP CODE
600 108 th Ave. NE, Ste 205	Bellevue	WA	98004

GRANTEE

NAME
Same as Grantor above

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 *Terry Allen Johnson*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Kimberley Ann Johnson*

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of Skagit

Signed or attested before me on 9-30-05

by Terry Allen Johnson Signature K. Franey
Print Name of Registered Owner NOTARY OR AGENT

by Kimberley Ann Johnson
Print Name of Registered Owner

K. Franey
PRINTED NAME OF NOTARY

County/Office No. OR
Dealer No. OR
AND: Notary Expiration Date 11-02-06

Title _____
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) _____ 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.

5 BUILDING PERMIT OFFICE CERTIFICATION							
I certify that: <input checked="" 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 #			
TISH CAMPBELL - SKAGIT COUNTY PLANNING		360/336-7410		BPO#-0744			
SIGNATURE/POSITION				DATE			
Tish Campbell, Permit Technician				10/18/05			
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 <u>Jasurmino</u>							
Signature of Additional Legal Owner and Title, IF APPLICABLE _____							
NOTARY SEAL OR STAMP							
<div style="border: 1px solid black; padding: 5px;"> SHARI L. NEHL NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES SEPTEMBER 19, 2007 </div>			NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
			State of Washington			Signed or attested before me on <u>10-11-05</u>	
			County of <u>Skagit</u>			Signature <u>Shari L Nehl</u>	
			by <u>Vickie Sarmiento</u> Printed Name of Legal Owner			NOTARY OR AGENT	
by _____ Printed Name of Legal Owner			by <u>Shari L Nehl</u> PRINTED NAME OF NOTARY				
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY			AND: Dealer No. OR Notary Expiration Date <u>9-19-07</u>				
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's)							
The S 15 acres of the SW 1/4 of the SW 1/4 of S27, T36 N, R3 E W.M., EXCEPT the S 165 ft thereof. AND EXCEPT that certain 60 foot wide strip of land conveyed to the State of Wa. for the Pacific Hwy by Deed recorded 7/16/1919, under Aud. #134267, records of Skagit Co., Wash.							
8 DEALER'S REPORT OF SALE							
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLES 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).							
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)				COUNTY OFFICE/VES OPERATOR NUMBER			
PEGGY ANNE REDELL BRANHAM				29-01-001			
SIGNATURE				DATE			
Peggy Ann Redell Branham				10/25/05			
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.							
<div style="border: 1px solid black; padding: 5px;"> 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. </div>							
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 call (



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Skagit County Auditor