



200511100107

Skagit County Auditor

11/10/2005 Page

1 of

2 12:28PM

RETURN ADDRESS

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
114555	1997	Libel	48X28	09L30917XU	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 550332-4-012-014 P39287		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		32353		2	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER					
Henry Dykstra & Charlotte R. Dykstra					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
Charlotte R. Dykstra					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS		CITY	STATE	ZIP CODE	
16872 Peterson Rd		Burlington	WA	98233	
NAME OF LEGAL OWNER					
Henry Dykstra					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
Charlotte R. Dykstra					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS		CITY	STATE	ZIP CODE	
16872 Peterson Rd		Burlington	WA	98233	
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of SKAGIT	Signed or attested before me on 11-10-05		
		by HENRY DYKSTRA PRINT NAME OF REGISTERED OWNER	Signature [Signature]		
		by CHARLOTTE DYKSTRA PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT ERIC DYKSTRA		
		Title NOTARY	AND: County/Office No. OR Dealer No. OR 11-15-06 Notary Expiration Date		
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 #	
Georgine Paxon		Skagit County 336-9410		B904-1401	
SIGNATURE / POSITION		DATE			
[Signature]		Permit Technician		11/10/05	

UNNOTIFIED

MANUFACTURED HOME - FROM SECTION 1				
TRD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
114555	1997	Liber	48 X 28	09L30917XU

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: *[Signature]*

Signature of Additional Legal Owner and Title, IF APPLICABLE: *[Signature]*

NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of SKAGIT	Signed or attested before me on 11-10-05
	by HENRY DYKSTRA PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by CHARLOTTE DYKSTRA PRINT NAME OF LEGAL OWNER	ERIC DYKSTRA PRINTED NAME OF NOTARY
Title NOTARY		AND: County/Office No. OR Dealer No. OR 11-15-06 Notary Expiration Date

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

[Blank area for land description]

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)	WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE

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) Sharrie McCrea	COUNTY OFFICE'S OPERATOR NUMBER 2901-2
SIGNATURE <i>[Signature]</i>	DATE 11/10/05

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.

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 of
If you need special accommodation, please



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