



200512150039
Skagit County Auditor

RETURN ADDRESS

First American Title Company

3202 Commercial Avenue

Anacortes, WA 98221

12/15/2005 Page 1 of 2 11:34AM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" 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)	
@27256	1974	Barr	52 X 24	S3590	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				3822-000-085-0008/P59483	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
85 & ptn 84		Skyline No. 6			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER					
Helen J. Allan					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
2305 Twin Place		Anacortes	WA	98221	
NAME OF LEGAL OWNER					
Helen J. Allan					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
2305 Twin Place		Anacortes	WA	98221	
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 <u>Helen J. Allan</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>12/8/05</u>	
		by <u>Helen J. Allan</u> PRINT NAME OF REGISTERED OWNER		Signature <u>Tamara A. Satko</u> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <u>TAMARA A. SATKO</u>	
		Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. <u>OR</u> Dealer No. <u>OR</u> Notary Expiration Date <u>11/7/07</u>	
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			
<u>Tamara A. Satko</u>		<u>First American Title Co. 360-293-5423</u>			
SIGNATURE / POSITION		DATE			
<u>Tamara A. Satko Escrow Closer/LPC</u>		<u>12/8/05</u>			
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 #	
<u>Paul Ingalls</u>					
SIGNATURE / POSITION		DATE			
<u>Paul Ingalls</u>		<u>12/13/05</u>			

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

Helen J. Allan
Helen J. Allan

Signature of Additional Legal Owner and Title, IF APPLICABLE

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SKAGITSigned or attested
before me on 12/8/05by HELEN J. ALLAN
PRINT NAME OF LEGAL OWNERSignature Tamara A. Satko
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNERTAMARA A. SATKO
PRINTED NAME OF NOTARYTitle NOTARY

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR 11/7/07
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 85, and that portion of Lot 84, "SKYLINE NO. 6", according to the plat thereof, recorded in Volume 9 of Plats, pages 64-67A, records of Skagit County, Washington, described as follows:

Commencing at the Northeasterly corner of said Lot 84; thence South 21°24'10" along the Easterly line of said Lot 84, 40.978 feet to the true point of beginning; thence continuing South 21°24'10" West to the Southeast corner; thence North 53°35'50" West, 82.820 feet to the Westerly line of said Lot 84; thence North 21°24'10" East along said Westerly line, 23.212 feet; thence South 53°35'50" East, 82.820 feet to the true point of beginning.

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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

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 providing equal opportunity.
If you need special accommodation, please contact the Department of Licensing.



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