

RETURN ADDRESS

CLARENCE POSTHUMUS  
 920 MAPLE LANE #13  
 SEDRO WOOLLEY, WA 98284



200603300104  
 Skagit County Auditor  
 3/30/2006 Page 1 of 2 12:29PM

**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 X136301	YEAR 1999	MAKE REDMN	LENGTH/WIDTH(FEET) 14 X 44	VEHICLE IDENTIFICATION NUMBER (VIN) 11826558A
-------------------------------	--------------	---------------	-------------------------------	--

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER P162983

LOT 19	BLOCK D	PLAT NAME CAPE HORN ON THE SKAGIT	SECTION/TOWNSHIP/RANGE
-----------	------------	--------------------------------------	------------------------

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER 38680040190006	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
---------------------------------	----------------------------------	-----------------------------

NAME OF REGISTERED OWNER  
CLARENCE POSTHUMUS

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE  
 41631 CAPE HORN DR. CONCRETE SEDRO WOOLLEY, WA 98237

NAME OF LEGAL OWNER  
CLARENCE POSTHUMUS

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
 920 MAPLE LANE #13 SEDRO WOOLLEY WA 98284

**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 *Clarence Posthumus*

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 03/30/06

by \_\_\_\_\_ Signature \_\_\_\_\_  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by \_\_\_\_\_  
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Agent AND: County/Office No. OR  
 Dealer No. OR  
 Notary Expiration Date 2007-02

**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:  the manufactured home has been affixed to the real property as described.  
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) Elaine Pitman	BLDG PERMIT OFFICE/PHONE # Skagit County Planning 336-9410	BLDG PERMIT # 98-1408
SIGNATURE / POSITION Elaine Pitman, Permit Technician		DATE 3-30-06

**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 of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	<b>AND:</b>	

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

INCLUDING MANUFACTURED HOME 1999 REDMAN  
44X14 SERIAL NO. 11826558A CAPE HORN  
ON THE SKAGIT LOT 19 BLOCK D  
  
P62983

**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
<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) <i>Rodrigo Anquilo</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>2901-02</i>
SIGNATURE <i>[Signature]</i>	DATE <i>03/30/06</i>

**10 TITLE FEES**

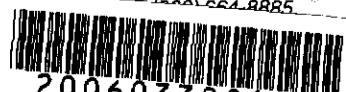
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

**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 access to its services. If you need special accommodation, please



200603300104  
Skagit County Auditor