

RETURN ADDRESS



200606060036  
Skagit County Auditor

6/6/2006 Page 1 of 2 9:37AM

**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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1990	Fleetwood	X	WA FL231A0939 SW

**2 LAND**

LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
**P103715**

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
		SP 45-85 Tract A * 6	1 / 35 / 4

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	1

NAME OF REGISTERED OWNER  
**Bertha A. Schiefelbein**

NAME OF ADDITIONAL REGISTERED OWNER  
**23670 Hoagch 1 Rd, Sedro Woolley WA 98284**

NAME OF LEGAL OWNER  
**Same as above**

NAME OF ADDITIONAL LEGAL OWNER  
ADDRESS CITY STATE ZIP CODE

**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 **Bertha A. Schiefelbein**

Signature of Additional Registered Owner and Title, IF APPLICABLE

	<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>	
	State of Washington County of <b>SKAGIT</b>	Signed or attested before me on <b>5/31/2006</b>
	by <b>Bertha A. Schiefelbein</b> PRINT NAME OF REGISTERED OWNER	Signature <b>Patti J. Chambers</b> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY <b>PATTI J. CHAMBERS</b>
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <b>3/22/2006</b> 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:  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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<b>Georgine Rosson</b>	<b>Skagit County Planning 336-9410</b>	<b>94-0862</b>

SIGNATURE / POSITION DATE  
**Georgine Rosson | Permit Technician 6/06/06**

**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 _____
Title DEALERSHIP POSITION/AGENT/NOTARY _____	AND: County/Office No. OR Dealer No. OR Notary Expiration Date _____	

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

(5.14 AC) inc M/H 90 Fleetwood 66X 28 s/v WAFLL31A090395W; tract A + B of short plat 45-85, AKA Beginning at the southwest corner of Lot B of Skagit County Auditor's File number # 860140031.

**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>Husty Lowery</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Husty Lowery</i>	DATE <i>6/6/06</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 p  
If you need special accommodation, ,



200606060036  
Skagit County Auditor