



200607270138

Skagit County Auditor

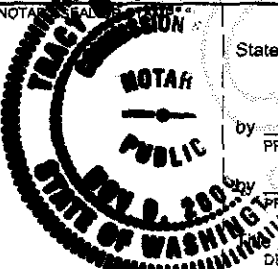
RETURN ADDRESS

7/27/2006 Page

1 of

2 11:29AM

| 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) | |
| S71441 | 1979 | KENTW | 52 X 24 | KW7378 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 4110-000-014-0102 | | | | | |
| LOT | BLOCK | PLAT NAME OR SECTION/TOWNSHIP/RANGE | | QUARTER/QUARTER SECTION | |
| 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 | | | | | |
| KIMBERLY A. BYER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| ADDRESS | | | | | |
| 14389 JURA WAY LANE | | | | | |
| CITY | | | | | |
| ANACORTES | | | | | |
| STATE | | | | | |
| WA | | | | | |
| ZIP CODE | | | | | |
| 98221 | | | | | |
| NAME OF LEGAL OWNER | | | | | |
| KIMBERLY A. BYER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| DOL CUSTOMER ACCOUNT NUMBER | | | | | |
| ADDRESS | | | | | |
| 14389 JURA WAY LANE | | | | | |
| CITY | | | | | |
| ANACORTES | | | | | |
| STATE | | | | | |
| WA | | | | | |
| ZIP CODE | | | | | |
| 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 <i>Kimberly A. Byer</i> | | | | | |
| Signature of Additional Owner and Title, IF APPLICABLE | | | | | |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | | | |
| by Washington County of Skagit | | | | | |
| Signed or attested before me on 6/25/06 | | | | | |
| Signature <i>Tracy M. Peterson</i> | | | | | |
| NOTARY OR AGENT | | | | | |
| PRINTED NAME OF REGISTERED OWNER | | | | | |
| NAME OF REGISTERED OWNER | | | | | |
| Tracy M. Peterson | | | | | |
| PRINTED NAME OF NOTARY | | | | | |
| County/Office No. OR | | | | | |
| Dealer No. OR | | | | | |
| AND: 11-9-09 | | | | | |
| 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) | | | | | |
| PATRICIA WILSON | | | | | |
| TITLE COMPANY / PHONE NUMBER | | | | | |
| MIS 888-901-4647 | | | | | |
| 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) | | | | | |
| LORI ANDERSON | | | | | |
| BLDG PERMIT OFFICE/PHONE # 360-336-9410 | | | | | |
| BLDG PERMIT # | | | | | |
| BPOS-0724 | | | | | |
| SIGNATURE / POSITION | | | | | |
| Lori Anderson | | | | | |
| SUPPORT SERVICES TECH | | | | | |
| DATE | | | | | |
| 7/26/06 | | | | | |

| MANUFACTURED HOME - FROM SECTION 1 | | | | | |
|--|---------------------------|---|-------------------------------|---|------------------|
| TPO / PLATE NUMBER \$71441 | YEAR 1979 | MAKE KENTW | LENGTH/WIDTH(FEET) 52 X 24 | VEHICLE IDENTIFICATION NUMBER (VIN) KW7378 | |
| 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 <i>Kimberly D. Beyer</i> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE _____ | | | | | |
|  | | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <i>Skagit</i> Signed or attested before me on <i>6/25/06</i> by <i>Tracy M. Peterson</i> PRINT NAME OF LEGAL OWNER Signature <i>Tracy M. Peterson</i> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <i>11-9-07</i> Notary Expiration Date AND: _____ DEALERSHIP POSITION/AGENT/NOTARY | | | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | | |
| THE WESTERLY 130 FEET OF TRACT 14, "GIBRALTER ANNEX", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WA | | | | | |
| 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>Gabrielle Clay</i> | | COUNTY OFFICE/VFS OPERATOR NUMBER <i>2901127</i> | | | |
| SIGNATURE <i>Gabrielle Clay</i> | | DATE <i>7-27-06</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 call (360) 902-3600 or TTY (360) 664-8885.



200607270138
Skagit County Auditor