

RETURN ADDRESS

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200609150107  
Skagit County Auditor

9/15/2006 Page 1 of 3 11:39AM

CHICAGO TITLE COMPANY IC39585

**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)
	1986	MAYFD	60 X28	54910662V

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

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 4384-000-045-0013 P80995

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
45		Plat of Eastwind	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	2

NAME OF REGISTERED OWNER  
**KRISTINE K. NYGARD**

NAME OF ADDITIONAL REGISTERED OWNER  
None

ADDRESS CITY STATE ZIP CODE  
1809 N. 32nd Place Mount Vernon WA 98273

NAME OF LEGAL OWNER  
**VICTOR J. BANKS**

NAME OF ADDITIONAL LEGAL OWNER  
**MARILEE L. PACE**

ADDRESS CITY STATE ZIP CODE  
4214 159th Place SE Bellevue WA 98006

**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 *Kristine K. Nygard*

Signature of Additional Registered Owner and Title, IF APPLICABLE \_\_\_\_\_

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

NOTARY SEAL OR STAMP: **MARCIE K. PALECK**, COMMISSION EXPIRES 10-15-2008, NOTARY PUBLIC, STATE OF WASHINGTON

State of Washington County of Skagit Signed or attested before me on July 27 2006

by Kristine K. Nygard Signature *Marcie Paleck*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Marcie K. Paleck  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 10/15/08  
DEALERSHIP POSITION/AGENT/NOTARY 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 #
<i>Robert Osborne</i>	(360) 336-6214	05112
SIGNATURE / POSITION		DATE
<i>Robert Osborne Building Insp.</i>		9-15-06

UNRECORDED

**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 Marilee Pace  
MARILEE PACE

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

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington / Oregon Signed or attested before me on 7/26/09  
County of \_\_\_\_\_

by Marilee Pace  
PRINT NAME OF LEGAL OWNER

Signature Julie Sabby  
NOTARY OR AGENT

by \_\_\_\_\_  
PRINT NAME OF LEGAL OWNER

JULIE SABBY  
PRINTED NAME OF NOTARY

Title NOTARY  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR \_\_\_\_\_  
Dealer No. OR 8/30/09  
Notary Expiration Date



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

Lot 45, PLAT OF EASTWIND, according to the plat thereof, recorded in Volume 12 of Plats, page 31 and 32, records of Skagit County, Washington.

Situate in Skagit County, Washington.

**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) YUVA VANG COUNTY OFFICE/VFS OPERATOR NUMBER 290125

SIGNATURE [Signature] DATE 9-15-06

**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. If you need special accommodation, plea



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## OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

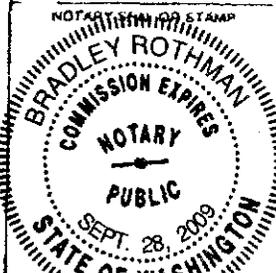
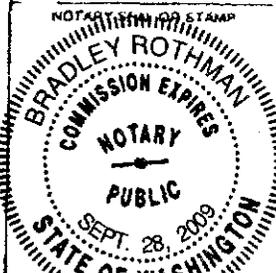
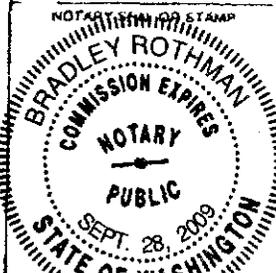
**CHECK THE TYPE OF APPLICATION:**

- Title Elimination
- Removal From Real Property
- Transfer In Location

PROPERTY TAX PARCEL NUMBER:

4384-00-045-0013

P80995

<b>ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)</b> <u>Legal</u>																		
NAME OF REGISTERED OWNER <u>VICTOR BANKS</u>	DOL CUSTOMER ACCOUNT NUMBER																	
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SIGNATURE OF REGISTERED OWNER(S) <u>Legal</u>	DATE																	
SIGNATURE OF REGISTERED OWNER <u>[Signature]</u>	DATE <u>7-28-06</u>																	
SIGNATURE OF REGISTERED OWNER <u>VICTOR BANKS</u>	DATE																	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">  </td> <td colspan="2" style="text-align: center;"><b>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b></td> </tr> <tr> <td>State of Washington</td> <td>Signed or attested</td> </tr> <tr> <td>County of <u>KING</u></td> <td>before me on <u>7/28/06</u></td> </tr> <tr> <td>by <u>VICTOR BANKS</u></td> <td>Signature <u>[Signature]</u></td> </tr> <tr> <td>Printed Name of Applicant</td> <td>Notary or Agent</td> </tr> <tr> <td>Printed name of Notary <u>BRADLEY ROTHMAN</u></td> <td>Dealer No. <u>OR</u></td> </tr> <tr> <td>Title <u>Notary</u></td> <td>AND: County/Office No. <u>OR</u></td> </tr> <tr> <td>Dealership Position/Agent/Notary</td> <td>Notary Expiration Date <u>09-28-2009</u></td> </tr> </table>			<b>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>		State of Washington	Signed or attested	County of <u>KING</u>	before me on <u>7/28/06</u>	by <u>VICTOR BANKS</u>	Signature <u>[Signature]</u>	Printed Name of Applicant	Notary or Agent	Printed name of Notary <u>BRADLEY ROTHMAN</u>	Dealer No. <u>OR</u>	Title <u>Notary</u>	AND: County/Office No. <u>OR</u>	Dealership Position/Agent/Notary	Notary Expiration Date <u>09-28-2009</u>
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The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 802-3600 or TTY (360) 664-8885



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