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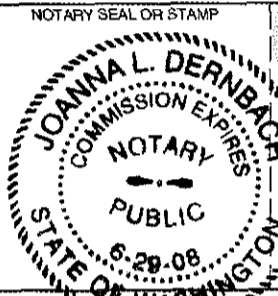
Skagit County Auditor

10/19/2006 Page 1 of 2 211:50AM

RETURN ADDRESS

LAND TITLE COMPANY
3010 COMMERCIAL AVE.
ANACORTES, WA 98221
114678

		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)	
8042649	1993	LIBER	X	09L26482XU	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER P82903 / 4461-000-025-0005	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
25		Vista Too Div. # 1			
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				DOL CUSTOMER ACCOUNT NUMBER	
MIRRIAM EDNA SCHWARTZ					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
2417 Visa Lane		Anacortes	Wa	98221	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
National City Mortgage, a division of National City Bank of Indiana					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 809068		Dallas, TX		75380-9068	
GRANTEE					
NAME					
Mirriam Edna Schwartz					
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>Mirriam Schwartz</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		County of <i>Skagit</i>		Signed or attested before me on <i>10/10/06</i>	
by <i>MIRRIAM SCHWARTZ</i>		Signature <i>[Signature]</i>		NOTARY OR AGENT	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
by <i>Sandra L. Smith</i>		Title <i>Notary Public</i>		AND: County/Office No. OR <i>4/28/07</i>	
PRINT NAME OF REGISTERED OWNER		DEALERSHIP POSITION / AGENT / NOTARY		Dealer No. OR 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			
<i>N/A</i>					
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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
<i>EDWIN FRANK</i>		<i>(360)293-1901</i>		<i>BD93-0009</i>	
SIGNATURE / POSITION <i>Edwin Frank</i>				DATE <i>10-6-06</i>	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER 8042649	YEAR 1993	MAKE LIBER	LENGTH/WIDTH(FEET) X	VEHICLE IDENTIFICATION NUMBER (VIN) 09L26482XU
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>[Signature]</i> National City Mortgage, A Div. of National City Bank of Indiana				
Signature of Additional Legal Owner and Title, IF APPLICABLE				
NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
	State of Washington County of <i>Island</i>	Signed or attested before me on <i>10/16/06</i>		
	PRINT NAME OF LEGAL OWNER <i>Rhonda Porter</i>	Signature <i>[Signature]</i> NOTARY OR AGENT		
	by PRINT NAME OF LEGAL OWNER <i>Notary</i>	PRINTED NAME OF NOTARY <i>Joanna L. Dernbach</i>		
	Title DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <i>4/24/05</i> Notary Expiration Date		
7 LAND DESCRIPTION - A legal description of the land can be obtained from the local County Assessor's Office)				
Lot 25, "PLAT OF VISTA TOO DIV. NO. 1," as per plat recorded in Volume 13 of Plats, pages 80 and 81, records of Skagit County, Washington. Situate in the City of Anacortes, County of Skagit, State of 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		
<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>2901/27</i>		
SIGNATURE <i>[Signature]</i>		DATE <i>10-19-06</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.



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