

RETURN ADDRESS

Land Title Escrow

P.O. Box 445

Burlington, WA 98233

117710-PE



200610270171

Skagit County Auditor

10/27/2006 Page

1 of

2 4:17PM

| 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) | |
| %085670 | 1993 | GLDNW | 27 X 52 | WH12752 | |
| 2 LAND LEGAL DESCRIPTION ON PAGE _____ | | | | | |
| MANUFACTURED HOME WILL BE | | <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | REAL PROPERTY TAX PARCEL NUMBER 350423-1-051-0100 P115502 | |
| LOT | BLOCK | PLAT NAME | | SECTION/TOWNSHIP/RANGE | |
| 2 | | SW SP 06-98 | | 23-35-4 E W.M. | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____ | | | | | |
| COUNTY NUMBER | | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | |
| | | | | | |
| NAME OF REGISTERED OWNER Debra A. Beeson | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| 1000 Cook Road | | Sedro Woolley | | WA | 98284 |
| NAME OF LEGAL OWNER | | | | | |
| 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 | | Debra A. Beeson | | | |
| 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 8-24-00 Signature of Debra A. Beeson Carrie Huffer NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR 12/31/07 AND: 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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" 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 # | |
| Eric L. Potash | | 360 855-0771 | | 2811 | |
| SIGNATURE / POSITION | | DATE | | | |
| | | Building Inspector | | 10-26-06 | |

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

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of Washington
County of _____Signed or attested
before me on _____by _____
PRINT NAME OF LEGAL OWNERSignature _____
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNERPRINTED NAME OF NOTARY
County/Office No. OR
Dealer No. OR
Notary Expiration DateTitle _____
DEALERSHIP POSITION/AGENT/NOTARY**AND:****7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 2, Short Plat No. SW-06-98, approved June 29, 1999, recorded July 2, 1999 in Volume 14 of Short Plats, page 38, under Auditor's File No. 9907020068, and being a portion of the Southwest $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of Section 23, Township 35 North, Range 4 East, W.M.

Situate in the 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

☐ **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)

COUNTY OFFICE/VEHICLE OPERATOR NUMBER

SIGNATURE

DATE

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
If you need special accommodation



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