

RETURN ADDRESS



200701050096

Skagit County Auditor

1/5/2007 Page

1 of

2 1:00PM

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)	
	07		64 X 240	HB 3383 OR	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				P64670	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
16		Crater Lake Beach Club Div #1	14/34/01		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER					
Jack L. Sappentfield					
NAME OF ADDITIONAL REGISTERED OWNER					
Phyllis G. Sappentfield					
ADDRESS		CITY	STATE	ZIP CODE	
14063 Crater Lake Rd.		Anacortes	WA	98221	
NAME OF LEGAL OWNER					
Skagit State Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 285		Burlington	WA	98233	
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested		before me on	
County of Skagit				12-14-06	
by Jack L. Sappentfield		Signature		Jeffrey F. Connor	
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Phyllis G. Sappentfield		Signature		Jeffrey F. Connor	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Notary		AND:		County/Office No. OR	
DEALERSHIP POSITION/AGENT/NOTARY				Dealer No. OR 12-31-08	
				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 #	
Cindy Gauthier		BP06-C431		BP 06-0431	
SIGNATURE / POSITION		DATE			
Cindy Gauthier		1-5-07			

6 SIGNATURE OF LEGAL OWNER

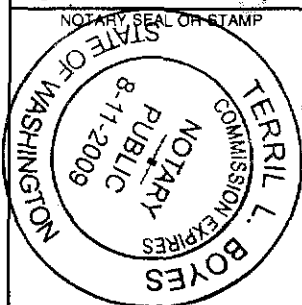
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

SKAGIT STATE BANK
BURLINGTON, WA

Signature of Additional Legal Owner and Title, IF APPLICABLE

Jeff Connor, AUP/RELO

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of

Skagit

Signed or attested
before me on 1/24/07by Skagit State Bank
PRINT NAME OF LEGAL OWNERSignature Terril L Boyes
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNERTerril L Boyes
PRINTED NAME OF NOTARYTitle
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date 8-11-09**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 16, "Plot of Crater Lake Beach Club Div. No. 1," as per
plat recorded in Volume 8 of Plats, pages 51 and 52,
records of 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) HOMEBUILDERS NORTHWEST

WA DEALER NUMBER

DATE OF SALE

WESTERN LIVING CONCEPTS

8-15-2006

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

131,163

SKAGIT/.079

LARRY HULTBERG

☐ 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/VFS OPERATOR NUMBER

SIGNATURE

DATE

Booby Lowery
Booby Lowery290108
1/5/07**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
If you need special accommodation,

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