



200701050114
Skagit County Auditor

1/5/2007 Page 1 of 2 2:10PM

RETURN ADDRESS

WASHINGTON STATE 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)
	2006	Marlette	26'8" X 52'0"	HER025441ORAB

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P33942

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		7/35/3	SE1/4 of SW1/4

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
Shirley R Scott	SCOTTSR552JJ

NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 145	Bow	WA	98232

NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
Skagit State Bank	

NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 285	Burlington	WA	98233

GRANTEE

NAME
Shirley R Scott

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 *Shirley R Scott*

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 1-5-07
by Shirley R Scott Signature Jeffrey F. Connor
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
by _____ PRINTED NAME OF NOTARY
Title Notary AND: County/Office No. OR Dealer No. OR 12-31-08
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 #
LORI ANDERSON	SKAGIT COUNTY PLANNING 360-336-9410	BP06-0454

SIGNATURE / POSITION	DATE
<i>Lori Anderson</i> SUPPORT SERVICES TECH	01/05/07

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2006	Marlette	26'8" X 52'0"	HER0254410RAB

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

Signature of Additional Legal Owner and Title, IF APPLICABLE [Signature]

NOTARY PUBLIC STATE OF WASHINGTON PAMELA G ALDRIDGE My Appointment Expires Nov. 20, 2009	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>1-3-07</u>
	Signature <u>Skagit State Bank</u> PRINT NAME OF LEGAL OWNER	Signature <u>Pamela G. Aldridge</u> NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER <u>Pamela G. Aldridge</u>	PRINTED NAME OF NOTARY <u>Pamela G. Aldridge</u>
	Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1160109</u> Notary Expiration Date

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

OPEN SPACE #299 #761875 1973 DK 5 SE1/4 OF SW1/4 of Section 7, Township 35 North, Range 3 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) <u>Westgate Homes Inc</u>	WA DEALER NUMBER <u>4045</u>	DATE OF SALE <u>10/28/06</u>
PURCHASE PRICE <u>\$84,147</u>	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>

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) <u>YOUNG VANG</u>	COUNTY OFFICE/WFS OPERATOR NUMBER <u>2901/25</u>
SIGNATURE <u>[Signature]</u>	DATE <u>1-5-07</u>

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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