

RETURN ADDRESS

First American Title  
 PO Box 1667  
 Mt Vernon WA 98273



200704100131  
 Skagit County Auditor

4/10/2007 Page 1 of 2 3:44PM

**WASHINGTON STATE DEPARTMENT OF LICENSING** **Manufactured Home Application** **PLEASE CHECK ONE**

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)

- TITLE ELIMINATION
- TRANSFER IN LOCATION
- REMOVAL FROM REAL PROPERTY

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER 8 126376	YEAR 99	MAKE Liber	LENGTH/WIDTH(FEET) 28 X 60	VEHICLE IDENTIFICATION NUMBER (VIN) 09L33007XU
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
 4152-108-030-0003

LOT 2430	BLOCK 108	PLAT NAME OR SECTION/TOWNSHIP/RANGE Plat of the town of Sedro	QUARTER/QUARTER SECTION
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER: Bart L. Pemmant DOL CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

NAME OF ADDITIONAL REGISTERED OWNER: Marcella Clevenger DOL CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

ADDRESS: 930 Dunlop CITY: Sedro Woolley WA STATE: WA ZIP CODE: 98284

NAME OF LEGAL OWNER: Same As Registered DOL CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

NAME OF ADDITIONAL LEGAL OWNER: \_\_\_\_\_ DOL CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

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: Bart L. Pemmant

Signature of Additional Registered Owner and Title, IF APPLICABLE: Marcella Clevenger

NOTARY SEAL OR STAMP

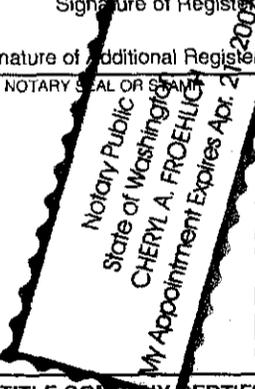
**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit Signed or attested before me on 3-29-07

by Bart L. Pemmant Signature [Signature] NOTARY OR AGENT

by Marcella Clevenger Signature [Signature] PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 4-21-07



**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) Eric Potash BLDG PERMIT OFFICE/PHONE # 1-360-855-0771 BLDG PERMIT # 5742

SIGNATURE / POSITION [Signature] Building Inspector. DATE 1-22-07

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
2126376	99	LIBER	28X60	09L33007XU

**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) SIGNATURE	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Title _____ AND: Notary Expiration Date _____ DEALERSHIP POSITION/AGENT/NOTARY

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

Lots 24-30, inclusive, Block 108, "PLAT OF THE TOWN OF SEPRO, SKAGIT COUNTY, W.T.;" according to the plat thereof, recorded in Volume 1 of Plats, page 18, records of Skagit County, Washington

**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).

**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/VES OPERATOR NUMBER 2901-07
SIGNATURE <i>Gabrielle Clay</i>	DATE 4-10-07

**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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