

RETURN ADDRESS

Lee Miller
 24878 Old Day Creek Rd
 Sedro Woolley WA 98284



200705140219
 Skagit County Auditor

5/14/2007 Page 1 of 2 3:56PM

STATE OF WASHINGTON
 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)

MANUFACTURED HOME

| | | | | |
|--------------------|------|-----------|--------------------|-------------------------------------|
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) |
| | 2006 | Evergreen | 56 X 26 | HB 3299 OR |

LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P30157

| | | | |
|-----|-------|--------------------------------------|-------------------------|
| LOT | BLOCK | PLAT NAME, OR SECTION/TOWNSHIP/RANGE | QUARTER/QUARTER SECTION |
| | | 6/34/5 | SE-NE |

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 Lee Miller DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS 24878 Old Day Creek Rd CITY Sedro Woolley 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 *Lee F. Miller*

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 3-21-2007 |
| | by Lee Miller PRINT NAME OF REGISTERED OWNER | Signature <i>Kathia Lee Sarbin</i> NOTARY OR AGENT |
| | by Kathia Lee Sarbin PRINT NAME OF REGISTERED OWNER | PRINTED NAME OF NOTARY |
| | Title Notary | AND: County/Office No. OR Dealer No. OR Notary Expiration Date |

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.

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 # 360-336-9410 BLDG PERMIT # BPO5-1437

SIGNATURE / POSITION DATE
Lori Anderson Support Services Tech. 4/1/06

| MANUFACTURED HOME - FROM SECTION 1 | | | | | |
|--|--|---|--|-------------------------------------|------------------|
| TPO/PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| | 2006 | Evergreen | 56 X 26 | HB3299OR | |
| 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 _____ | | | |
| | Title _____ | AND: County/Office No. OR Dealer No. OR | | 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) | | | | | |
| Lot 1, Short Plat No. 90-70, approved January 24, 1991, recorded January 24, 1991, in Book 9 of Short Plats, page 307 under Auditor's File No. 9101240030, records of Skagit County, Washington (being a replat of Lot 2, Short Plat No. 23-90); and being a portion of the Southeast 1/4 of the Northeast 1/4 of Section 6, Township 34 North, Range 5 East, W.M. | | | | | |
| 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 | | |
| Olympic Homes Northwest Inc | | 4779 | 3-21-06 | | |
| PURCHASE PRICE | TAX JURISDICTION/TAX RATE | DEALER'S AUTHORIZED SIGNATURE | | | |
| 50184 | 7.99% | MS - 2 8 - | | | |
| <input type="checkbox"/> 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): | | | COUNTY OFFICE/WFS OPERATOR NUMBER | | |
| YOUA VANG | | | 2901-25 | | |
| SIGNATURE | | | DATE | | |
| | | | 5-14-07 | | |
| 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 accommodations



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