

RETURN ADDRESS

8/10/2007 Page

1 of 2 3:47PM

Joseph W. Engberg	
18022 Fire Mountain Lane	
Mount Vernon, WA 98274	
#126635-08	

	NAA NII ITAATI IDED	HOME	PLEASE CHECK ONE
STATE OF WASHINGTON Department of	MANUFACTURED   APPLICATION	<u>.                                    </u>	ELIMINATION
<u> [ICENSING</u>		□REMO	ISFER IN LOCATION OVAL FROM REAL PROPERTY
nyone who knowingly makes a fa f a felony, and upon conviction n	alse statement of a material fact is gray be punished by a fine, impriso	quilty —	
MANUFACTURED HOME		DENTIFICATION OF THE PROPERTY	NI NUMBER (VIN)
PO / PLATE NUMBER YEAR 2004	MAKE LENGTH/WIDTH(FEET Palmharbor 41 <b>x</b> 51	VEHICLE IDENTIFICATION	06548
2 LAND	LEG	AL DESCRIPTION ON	
MANUFACTURED HOME WILL BE	E X AFFIXED REMOVED	REAL PROPERTY TA	X PARCEL NUMBER
от вьоск	PLAT NAMÉ		SECTION/TOWNSHIP/RANGE
GRANTOR(S) REGISTERED/L		DITIONAL NAMES ON	·
COUNTY NUMBER	NUMBER OF REGISTERED OWNE $1$	RS NOMBE	R OF LEGAL OWNERS
NAME OF REGISTERED OWNER			
JOSEPH W. ENGBERG NAME OF ADDITIONAL REGISTERED OWNE	(A)		
ADDRESS	CITY		STATE ZIP CODE
18022 FIRE MOUNTAI	N LANE MOUNT VE	RNON	WA 98274
NAME OF LEGAL OWNER SAME AS REGISTERE	D		
NAME OF ADDITIONAL LEGAL OWNER	Semantic and the semant		
ADDRESS	CITY		STATE ZIP CODE
GRANTEE			
NAME		77 1	
VEHICLE AND THIS INFORMATIO	Owner and Title, IF APPLICABLE		SISTERED OWNER(S) OF THIS
Signature of Additional Hetylere ed.	NOTARIZATION/CERTIFICAT	TION FOR REGISTERS	ED OWNER(S) SIGNATURE
Secretary of the second	ate of Washington County of Skagi	Signed	or attested 9/0/64
PUBLISHED BY	POSEPH W. Engberg	Signature A	OTARY OR AGENT
William ATE OF TR	PRINT NAME OF REGISTERED OWNER	PRINTED NAV	County/Office No. OR 6/58/08
111	DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date
TILLE COMPANY CERTIFICAT	<b>FION</b> the land and ownership is true and co	rrect ner the real prope	rty records
NAME (TYPED OR PRINTED)	Tie land and ownership is true and co	TLE COMPANY / PHONE NU	MBER
Anneliese Maria Far	rrell Lar	nd Title Compa	ny 360-707-2312
SIGNAURE/POSITION	LPO/Escrow Of	fficer	8/2/07
inalize this application with a Lic	censing Agent within 10 calendar d	ays of the date Title C	ompany Representative signs.
BUILDING PERMIT OFFICE CE	RTIFICATION		
the manufac	ctured home has been affixed to the r ermit has been issued for this purpos	eal property as describe e and the attachment w	ed. ill be inspected upon completion:
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PH		
SIGNATURE / POSITION	Q 1 To A	micia	DATE
Elaine (titma)	n germet year	nucear	8-10-07

A SIGNATURE OF	FLEGAL OWNER					<del></del>
	1 1					
· · · · · · · · · · · · · · · · · · ·		DICATES CONSENT	( <i>h</i> ol	ON OF TITLE REN	NOVAL FROM RE	AL PROPERTY.
	$-\mathcal{N}_{\mathcal{A}}$	No.				
Signature of Additio	nai Legal Owner ai	d Title, IF APPLICAE				
NOTARY SEAL OR	STAMP	NOTARIZATIO	ON/CERTIFICATI	ON FOR LEGAL OV	WNER(S) SIGNAT	URE
S. H. W.	PUBLING OF WASHINGTINE 28 TION (A legal de ock 39 "PLA	of Washington &	ashingth	Signed or befo	attested steed	10/64
## ## ## ## ## ## ## ## ## ## ## ## ##	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0			
	by S	DEPH W. E	NGRERG		selent	stacke
= 0.	PUBL	NE NAME OF LEGAL OW	NER	Λ	ARY OR AGENT	
11.7	NE 28 2	NT NAME OF LEGAL OW	(N)CO		5= HAR 141	ALLEC
Tim	OF WAS	YA TAL		PRINTED NAME	OF NOTARY County/Office No. <b>OF</b>	1/60/0
•	Title	FALERSHIP POSITION/AG		AND: N	Dealer No. Of lotary Expiration Date	
7 LAND DESCRIP	TION (A legal de	scription of the land			<del></del>	
Lot 12 B1	ock 30 "PIA	T OF THE TOTAL				
as per Plat	recorded t	T OF THE TOWN n Volume 2 of	F Plate Pa	KNE, SKAGIT	COUNTY, WA	SHINGTON"
County, Was	hington.	i volume Z O	. Fials, ra	ge ou, reco	ras or Skag	10
		tion of abut	fno "Walko	r Street! ac		L
Skagit Coun	tv. a Washi	ngton Municip	al Corpora	tion by dec	od recorded	oy undom
Skagit Coun	ty Auditor'	s File No. 20	00103020200	gg	ed recorded	under
			N. Jr	**************************************		
Situate in	the County	of Skagit, St	ate of Was	hington		
			· Jakobaran Jakobaran	1		
8 DEALER'S REF	ORT OF SALE			<del>//</del>		
		ON IS CORRECT. THE		EAR OF ENCUMB	RANCES EXCEP	T AS SHOWN.
DEALER NAME (TYPED O	<del> </del>	BEEN GOLLLOTED	(Name of the State	WA DEALER NUMBER	DATE OF	SALE
PURCHASE PRICE	TAX JURISDIC	CTION/TAX RATE DEAL!	ER'S AUTHORIZED SIÖ	NATURE		
USE TAX	XEMPT Sale to a	Certified Tribal memb	er on the reservati	on (attach notarized	statement of delive	erv).
		NSING OFFICE APP				<u> </u>
I certify that the above the recording of this f	application appear	s to have been comple	ted correctly, and t	he applicant has suffi	icient documentatio	on to proceed with
NAME (TYPED OR PRINT		<b>.</b> 1		COUNTY OFFICE/VFS	OPERATOR NUMBER	l
	YOUR	VANG		2901	25	
SIGNATURE (	Vac				DATE	
	4	$\leq$		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10-07
10 TITLE FEES		<u> </u>			A STATE OF THE STA	<u> </u>
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION	FEE USE TAX	SUB	AGENT FEES
					TOTA	AL FEES & TAX
					The state of the s	
IMPORTANT	Licensing C Retain proo	oplication has been oplication has been opposed to be seen the recording to application form.	plication form to fees paid. If the	the County Rec Recording Office	ording Office.	
		l application form,		<u> </u>		<u> </u>
APP	Ma	ce recorded, you r nufactured Home . nsing subagents o	Application, pay	ing all required fe		
Ļ	<u> </u>					
		ompleting this form see form TD-420-7				

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8885.



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