200709040137
Skagit County Auditor
9/4/2007 Page 1 of 2 1:47PM

RETURN ADDRESS
All Reverse Title
3005 Douglas Blvd. Ste. 200
Roseville, CA. 95661

Attn: Laurelin Volzer

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)
@000581	1989	Kit/ Golden State	56 X 28	SN11642

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☑ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER: P82888

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
Lot 12	-VOL 13	Vista Two Division	03 Section 25 Township 35

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	1

NAME OF REGISTERED OWNER: Glenn H Watts — DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER — DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 2320 Vista Lane Anacortes, WA 98221 — CITY — STATE — ZIP CODE

NAME OF LEGAL OWNER: Glenn H Watts — 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: Glenn H Watts

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP: MARY JOANNE OSTLUND — COMMISSION EXPIRES — NOTARY PUBLIC 2-5-2011 — STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of SKAGIT — Signed or attested before me on 8/24/07

by GLENN H. WATTS (PRINT NAME OF REGISTERED OWNER) — Signature Mary Joanne Ostlund (NOTARY OR AGENT)

by _____ (PRINT NAME OF REGISTERED OWNER) — MARY JOANNE OSTLUND (PRINTED NAME OF NOTARY)

Title _____ (DEALERSHIP POSITION/AGENT/NOTARY) — AND: County/Office No. OR Dealer No. OR 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 #
EDWIN FRANK	BUILDING OFFICIAL	6795

SIGNATURE / POSITION — DATE 8/24/2007

UNOFFICIAL DOCUMENT

MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
@000581	1989	Kit/ Golden State	99 56X 28	SN11642

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 _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

RHONDA JO WORLEY
COMMISSION EXPIRES
NOTARY
PUBLIC
4-09-09
STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of ~~Washing~~ Skagit

Signed or attested ~~before~~ me on August 24, 2007

by Glenn H Watts
PRINT NAME OF LEGAL OWNER

Signature _____
NOTARY OR AGENT

by Glenn H Watts
PRINT NAME OF LEGAL OWNER

RHONDA JO WORLEY
PRINTED NAME OF NOTARY

Title NOTARY
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. **OR** Dealer No. **OR** Notary Expiration Date 04-09-09

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

03 Section 25 Twonship 35 Range1
VISTA TOO DIV 1 LOT 12 INC M/H 11642 KIT/GOLDEN STATE 89 56X28

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)	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).**

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
YOUA VANG	290125

SIGNATURE	DATE
	9-4-07

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 policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

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9/4/2007 Page 2 of 2 1:47PM