

**RETURN ADDRESS** Skagit County Auditor Carol Young 12/5/2007 Page 2 9:20AM PO Box 1108 Concrete, WA 98237 LAND TITLE OF SKAGIT COUNTY 127822-PWE PLEASE CHECK ONE **Manufactured Home** WASHINGTON STATE DEPARTMENT OF TITLE ELIMINATION **Application** LICENSING ☐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 MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) TPO / PLATE NUMBER **X** 26 2007 Aspen HB 3532 OR 2 LAND LEGAL DESCRIPTION ON PAGE \_2 REAL PROPERTY TAX PARCEL NUMBER P64185 MANUFACTURED HOME WILL BE AFFIXED TREMOVED PLAT NAME OR SECTION/TOWNSHIP/RANGE LOT QUARTER/QUARTER SECTION 119 Cedargrove on the Skagit 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS COUNTY NUMBER Skagit 1 2 DOL CUSTOMER ACCOUNT NUMBER NAME OF REGISTERED OWNER Carol Young NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER 46440 Baker Loop, Concrete, WA 98284 ZIP CODE ADDRESS 98237 WA PO Box 1108 Concrete DOL CUSTOMER ACCOUNT NUMBER NAME OF LEGAL OWNER same as registered DOL CUSTOMER ACCOUNT NUMBER NAME OF ADDITIONAL LEGAL OWNER STATE ZIP CODE ADDRESS CITY GRANTEE 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 Caro Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY SEAL OR STAMP

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TITLE COMPANY CERTIFICATION

L certify that the legal description of the la NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested State of Washington County of S Signat<del>ú</del> PRINT NAME OF REGISTERED OWNER County/Office No. OR 4/4900 le \_\_\_\_\_\_\_ 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 Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION the manufactured home has been affixed to the real property as described. I certify that:

a building permit has been issued for this purpose and the attachment will be inspected upon completion BLDG PERMIT OFFICE/PHONE # BLDG PERMIT#

360-336-9410 x5780 07-0204

Support Sewius

DATE 12-3-07

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	1	Title	SITION/AGENT/NO	TARY			Dealer No. OR xpiration Date	
7 LAND DESCRIP	TION (A legs	al description o	f the land can	be obtai	ned from the	local County	Assessor's O	fice)
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9 COUNTY AUDIT	OR/AGENT L	ICENSING OFF	ICE APPROVA	AL: (Not	for use by S	ubagents)		11 11
I certify that the above		ppears to have b	een completed	correctly,	and the applic	cant has suffici	ent documentation	on to proceed
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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, places and (200), 200, 200



