

RETURN ADDRESS



200801030039  
Skagit County Auditor

1/3/2008 Page 1 of 2 9:59AM

**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)

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER F75591	YEAR 86	MAKE Ammar	LENGTH/WIDTH(FEET) 48x28	VEHICLE IDENTIFICATION NUMBER (VIN) OREL21AF424805324
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**2 LAND** LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
P40991

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE TRACT 3 OF SHORT PLAT 54-80	QUARTER/QUARTER SECTION SEC 25
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS GEYER REVOCABLE LIVING TRUST	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER  
GEYER REVOCABLE LIVING TRUST DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER  
~~GLADYS E. GEYER~~ GLADYS E. GEYER TRUSTEE DOL CUSTOMER ACCOUNT NUMBER

ADDRESS CITY STATE ZIP CODE  
818 E. MT. AVE, APT. #217 ELLENSBURG WA 98926

NAME OF LEGAL OWNER  
GEYER REVOCABLE LIVING TRUST DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER  
DOL CUSTOMER ACCOUNT NUMBER

ADDRESS CITY STATE ZIP CODE  
ELLENSBURG WA 98926

**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 John E. Geyer P.O.A.

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 12/19/07

by Geyer Revocable Living Trust Signature Melissa L. Massingale  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Melissa L. Massingale  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10-12-2010  
DEALERSHIP POSITION AGENT/NOTARY

**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) Sheila Daut	BLDG PERMIT OFFICE/PHONE # 360-336-9410	BLDG PERMIT # 17301
SIGNATURE / POSITION <u>Sheila Daut</u>	DATE 12-19-07	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			<b>X</b>	

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

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

**TRACT 3 OF SHORT PLAT NO. 54-80 LOCATED IN SEC. 25, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M, APPROVED JUNE 18, 1980, AND RECORDED IN VOL. 4 OF SHORT PLATS, PAGE 115, AUDITORS FILE NO. 8006180015 RECORDS OF SKAGIT COUNTY WASH.**

**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) <i>Kristy Lowery</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Kristy Lowery</i>	DATE <i>1/3/08</i>

**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 call (360) 902-3600 or TTY (360) 664-8885.

