

RETURN ADDRESS



200801250106
Skagit County Auditor

1/25/2008 Page 1 of 2 11:57AM

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

TPA / PLATE NUMBER: \$L691085 YEAR: 77 MAKE: FLTW Model X 14 LENGTH/WIDTH (FEET): 14 VEHICLE IDENTIFICATION NUMBER (VIN): WA FL1A637640326

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: D59537

LOT: 124 BLOCK: PLAT NAME OR SECTION/TOWNSHIP/RANGE: Skyline #6 QUARTER/QUARTER SECTION: _____

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

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

NAME OF REGISTERED OWNER: Billie Jean Lamphicar DOL CUSTOMER ACCOUNT NUMBER: _____

NAME OF ADDITIONAL REGISTERED OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER: _____

ADDRESS: 4708 Devanshire Dr. Anacortes WA 98221 CITY: Anacortes WA STATE: WA ZIP CODE: 98221

NAME OF LEGAL OWNER: _____ 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: *Billie Jean Lamphicar*

Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

NOTARY SEAL OR STAMP:

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 1/25/08

by Billie Jean Lamphicar PRINT NAME OF REGISTERED OWNER Signature: *Billie Jean Lamphicar* NOTARY OR AGENT

by _____ PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY: *Wendy Cure*

Title: _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 7/16/2010

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): Jennifer J. Lund TITLE COMPANY / PHONE NUMBER: Home Title Co. 360-299-0565

SIGNATURE / POSITION: *Jennifer J. Lund* DATE: 1/25/08

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 #: _____

SIGNATURE / POSITION: _____ DATE: _____

MANUFACTURED HOME - FROM SECTION 1

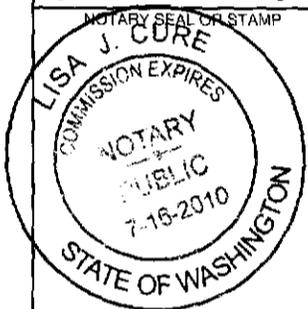
TP/PLATE NUMBER 8109685	YEAR 77	MAKE ELTW	LENGTH/WIDTH/FEET 66x14	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL1A637640326
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6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE Billie J. Lamphear

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Skagit

Signed or attested before me on 1/25/08

by Billie J Lamphear Signature [Signature]
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by _____ Signature Lisa J Cure
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title _____ 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)

Skyline Div. 6 Lot 24
Anacortes, WA. 98221

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) <u>Kristy Lewery</u>	COUNTY OFFICE/VFS OPERATOR/NUMBER <u>290108</u>
SIGNATURE <u>Kristy Lewery</u>	DATE <u>1/25/08</u>

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 to provide access to its services. If you need special accommodation, please contact us at 1-800-541-2263.

