



200802110142
Skagit County Auditor

2/11/2008 Page 1 of 2 1:51PM

RETURN ADDRESS

BRADLEY W ZIMMERMAN
24846 TENNESON PLACE
SEDRO WOOLLEY, WA 98284

	MANUFACTURED HOME APPLICATION	PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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 @13737	YEAR 1974	MAKE BAYER	LENGTH/WIDTH(FEET) 64 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) OW4536

2 LAND				LEGAL DESCRIPTION ON PAGE _____
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 360531-1-004-0406 P51190	
LOT 13	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SURVEY OF PTN 31-T36N-R5E WM	QUARTER/QUARTER SECTION	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			ADDITIONAL NAMES ON PAGE _____	
COUNTY NUMBER 029	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER BRADLEY W ZIMMERMAN			DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 24846 TENNESON PLACE	CITY SEDRO WOOLLEY	STATE WA	ZIP CODE 98284-7899	
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 *Bradley W Zimmerman*

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>2-7-08</u>	
	by <u>BRADLEY W ZIMMERMAN</u> PRINT NAME OF REGISTERED OWNER	Signature <i>Cheryl C Holmstrom</i> NOTARY OR AGENT	
	by _____ PRINT NAME OF REGISTERED OWNER	Cheryl C. Holmstrom PRINTED NAME OF NOTARY	
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR <u>1015-08</u> 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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.		
NAME (TYPED OR PRINTED) <i>Cindy Gauthier</i>	BLDG PERMIT OFFICE/PHONE # 336-9410 #6002	BLDG PERMIT # 6002
SIGNATURE / POSITION <i>Cindy Gauthier</i>	Planning & Development	DATE 2-11-08

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
@13737	1974	BAYER	64 X 24	OW4536

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 County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND:	

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

Lot 13 of that certain Survey of a portion of Section 31, Township 36 North, Range 5 East, W.M., recorded May 6, 1974, under Auditor's File No. 800321, in Volume 1 of Surveys, page 52, records of Skagit County, Washington.
 TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across those certain 60 strips of land delineated on the face of said Survey of such purposes.
 Situate in the County of Skagit, State of Washington.

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) YOUNG YANG	COUNTY OFFICE/VFS OPERATOR NUMBER 290125
SIGNATURE <i>[Signature]</i>	DATE 2-11-08

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.



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