

RETURN ADDRESS

200802290209  
Skagit County Auditor

2/29/2008 Page

1 of 2 3:50PM

STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
07124	1984	Barrington	48 X 28	WAFL2AE073K191	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER P 163047					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
17 & 18	E	Cape Horn on the Skagit			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
29	1		1		
NAME OF REGISTERED OWNER					
PETER A. MATKUT					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
6008 N.E. 203rd ST					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
KENMORE, WA 98028					
STATE ZIP CODE					
NAME OF LEGAL OWNER					
PETER A. MATKUT					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
6008 N.E. 203rd ST					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
KENMORE, WA 98028					
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					
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 2/24/08			
		by PRINT NAME OF REGISTERED OWNER			
		Signature NOTARY OR AGENT			
		by PRINT NAME OF REGISTERED OWNER			
		PRINTED NAME OF NOTARY			
		Title AND: County/Office No. OR Dealer No. OR 200108			
		DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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)					
Cindy Gauthier					
BLDG PERMIT OFFICE/PHONE #					
360-336-9410					
BLDG PERMIT #					
15774					
SIGNATURE / POSITION					
Cindy Gauthier Skagit County Planning & Development					
DATE					
2-15-08					

**MANUFACTURED HOME - FROM SECTION 1**

TPO/PLATE NUMBER <b>707124</b>	YEAR <b>84</b>	MAKE <b>Bass</b>	LENGTH/WIDTH(FEET) <b>48x28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>WAFL2AE073579</b>
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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 \_\_\_\_\_

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	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 County/Office No. OR Dealer No. OR Notary Expiration Date
Title _____		<b>AND:</b>
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date

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

**CAPEHORN ON THE SKAGIT LOTS 17 AND 18  
Block E**

**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) <b>Kirsty Lowery</b>	COUNTY OFFICE/VFS OPERATOR NUMBER <b>290108</b>
SIGNATURE <b>Kirsty Lowery</b>	DATE <b>2/29/08</b>

**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  
If you need special accommodations, please call 1-800-541-5900.



**200802290209**  
**Skagit County Auditor**