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Skagit County Auditor

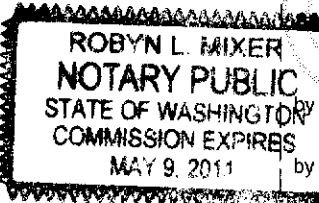
RETURN ADDRESS

3/7/2008 Page

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2 11:54AM

WASHINGTON STATE 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2008	KARSTEN	48 X 26.8	TKC STOR 180526989	
2 LAND LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				4042-002-010-0006	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
10	2	PLAT OF ALGER			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ROBERT G. KELLERMAN					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
PATRICIA A. KELLERMAN					
ADDRESS		CITY	STATE	ZIP CODE	
1761 Lake Samish Road		Bellingham	WA	98229	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
6100 219th Street SW, Ste 480		Mountlake Terrace	WA	98043	
GRANTEE					
NAME					
same as grantor above					
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		Signed or attested	
		County of Skagit		before me on 1/24/08	
		by Robert G. Kellerman		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Patricia A. Kellerman		K. Franey	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Notary		AND: County/Office No. OR			
DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR			
		Notary Expiration Date		11-02-10	
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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
Kate Sharp		360-336-9410 X5780		BP07-1338	
SIGNATURE / POSITION				DATE	
		Support Services		3-5-08	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
		KARSTEN	48 X 26.8	TKC STOR 180526989	
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 <u>Penny S Graf Corp off.</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Golf Savings Bank</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		County of <u>Snohomish</u>		Signed or attested before me on <u>5/29/08</u>	
		PRINT NAME OF LEGAL OWNER <u>Penny S Graf</u>		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER <u>Golf Savings Bank</u>		NOTARY OR AGENT	
		Title <u>[Signature]</u>		PRINTED NAME OF NOTARY	
		AND: County/Office No. OR		Dealer No. OR <u>5/9/11</u>	
		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)					
Lot 10, Block 2, 'PLAT OF ALGER, SKAGIT COUNTY, WASHINGTON', as per plat recorded in Volume 4 of Plats, page 9, records of Skagit County, Washington.					
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	
<u>VIC Cox Homes</u>		<u>4539</u>		<u>1/31/08</u>	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>104,300</u>	<u>3101</u>	<u>[Signature]</u>			
☐ 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)			COUNTY OFFICE/VES OPERATOR NUMBER		
<u>Gabrielle Clay</u>			<u>2901-27</u>		
SIGNATURE <u>[Signature]</u>			DATE		<u>3-7-08</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 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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