



200803260106
Skagit County Auditor

3/26/2008 Page 1 of 2 3:21PM

RETURN ADDRESS

Guardian Northwest Title Co. *B93993*
160 Cascade Place, Suite 104
Burlington, WA 98233

WASHINGTON STATE DEPARTMENT OF LICENSING **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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER: %60151 YEAR: 1983 MAKE: BERKS LENGTH/WIDTH(FEET): 56 X 24 VEHICLE IDENTIFICATION NUMBER (VIN): WAFL2AD0531448 *4448*

2 LAND **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: P49558

LOT: TRACT 2 BLOCK: PLAT NAME OR SECTION/TOWNSHIP/RANGE: SHORT PLAT NO. 43-76 QUARTER/QUARTER SECTION: Sec. 20/T 36/R4

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: MICHAEL STEWART DOL CUSTOMER ACCOUNT NUMBER: _____

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

ADDRESS: 404 B STREET SW CITY: TUMWATER STATE: WA ZIP CODE: 98512

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: *Michael Stewart*

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

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of *Thurston* Signed or attested before me on *3-12-08*

by *MICHAEL STEWART* Signature: *[Signature]*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by _____ PRINTED NAME OF NOTARY: *Gil J. Amundsen*

Title *Notary Public* AND: County/Office No. OR *4-29-10*
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 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: 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): *LORI ANDERSON* BLDG PERMIT OFFICE/PHONE #: *360-336-9410* BLDG PERMIT #: *See CoFact*

SIGNATURE / POSITION: *Lori Anderson* PERMIT TECHNICIAN DATE: *3/26/08*

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
%60151	1983	BERKS	56 X 24	WAFL2AD0531448

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]*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Thurston</u>	Signed or attested before me on <u>3-12-08</u>
	by <u>MICHAEL STEWART</u> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Gil S Amundson</u>
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. <u>OR 4-2916</u> Dealer No. <u>OR</u> Notary Expiration Date <u>X</u>	

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

Tract 2, Short Plat 43-76, approved October 29, 1976, recorded November 3, 1976, in Volume 1 of Skagit Plats, Page 192, 8nder Auditor's File No. 845381, being a portion of the Southeast 1/4 of the Northeast 1/4 of Section, 20, Township 36 North, Range 4 E, W.M.

EXCEPT the North 12 feet thereof.

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
<input type="checkbox"/> 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>Rusty Lowery</u>	COUNTY OFFICE/WFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <i>[Signature]</i>	DATE <u>3/26/08</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.

