RETURN ADDRESS	200804020051 Skagit County Auditor						
	4/2/2008 Page 1 of 211:10AM						
STATE OF WASHINGTON MANUFACT	URED HOME PLEASE CHECK ONE						

	MANUFACTURED HO APPLICATION s a false statement of a material fact is g tion may be punished by a fine, imprison	☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROPERTY
1 MANUFACTURED HOME		
PO PLATE NUMBER YEAR OLD TO STAND	Sand 94x28	OR FLZABZ 481033 DESCRIPTION ON PAGE
MANUFACTURED HOME WIL		REAL PHOPERTY TAX PARCEA MUMBER
LOT BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANG	GE QUARTER/QUARTER SECTION
3 GRANTOR(S) REGISTER		ONAL NAMES ON PAGE
QUINTY NUMBER 29	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER Frank Callo	e a Vista Call	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERED CO	WNER O	POL CUSTOMER ACCOUNT NUMBER S WA 9821
ADDRESS Frank Calla	, I COLLA	STATE ZIP CODE
NAME OF LEGAL OWNER	Furgo Bank N.A.	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL OWNER	and the state of t	DOL CUSTOMER ACCOUNT NUMBER
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GRANTEE NAME	**Standard S	
VEHICLE AND THIS INFORMA	ATION IS ACCURATE:	E AM/ARE THE REGISTERED OWNER(S) OF THIS
<u> </u>	ed Owner and Title, IF APPLICABLE	iainen Callas
NOTARY SEAL OR STAMP		FOR REGISTERED OWNER(S) SIGNATURE
NOTARY SEAL OR STAMP NOTARY SEAL OR STAMP NOTARY SEAL OR STAMP	State of Washington Skagit	Signed or attested before me on March 21 2008
ON NO TAR E	by Frank Calles	Signature Marshe L Sucrean
S PUBLIC	by Virginia Calles PRINT NAME OF REGISTERED OWNER	MARSHAL SULLIVAN PRINTED NAME OF NOTARY
15, 201 10 till	Title NOTARY	County/Office No. OR AND: Dealer No. OR Notary Expiration Date CXX 152011
4 TITLE COMPANY CERTIF		and the state of t
NAME (TYPED OR PRINTED)	n of the land and ownership is true and corr TITLE C LOJUP TIHLE Zara McKaugha	COMPANY/PHONE NUMBER
SIGNATURE / POSITION/	Excountil	2/C 3-08-73
	Licensing Agent within 10 calendar days	s of the date Title Company Representative signs.
5 BUILDING PERMIT OFFIC		st executive a described
a buildi	nufactured home has been affixed to the rea ng permit has been issued for this purpose a BLDG PERMIT OFFICE/PHONE	and the attachment will be inspected upon completion.
NAME (TYPED OR PRINTED) Pau I De al	11	
SIGNATURE / POSITION	11. 0.11	7 7 1000

D-420-729 MANUF HOME APBZ (R/2/02) OR (W) Page 1 of 2

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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	For full in								

TD-420-729 MANUF HOME APPL (R/2/02)OR (W)Page 2 of 2

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodatir

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Skagit County Auditor