



200806100127

Skagit County Auditor

6/10/2008 Page

1 of

211:34AM

RETURN ADDRESS

Carolyn Maloon Jones

Larry T. Maloon

46120 Baker Drive

Concrete, WA 98237

CHICAGO TITLE CO. 1C41107 | 1M12283

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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
+011103	1991	Fleetwood	44 X 27	ORFLM48A12624GH	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3877-000-143-0010					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
Tract 143		Cedargrove on the Skagit			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2				
NAME OF REGISTERED OWNER					
Carolyn Maloon Jones					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
Larry T. Maloon					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
46120 Baker Drive					
CITY					
Concrete					
STATE					
WA					
ZIP CODE					
98237					
NAME OF LEGAL OWNER					
Summit Bank					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL LEGAL OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
PO Box 2120					
CITY					
Mount Vernon					
STATE					
WA					
ZIP CODE					
98273					
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 <i>Carolyn Maloon Jones by Cassi Mitchell</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Larry T. Maloon by Cassi Mitchell for Chicago Title Company, atty in fact</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Larry T. Maloon by Cassi Mitchell for Chicago Title Company, atty in fact</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of <i>Skagit</i>					
Signed or attested before me on <i>6-9-08</i>					
by <i>Carolyn Maloon Jones by Chicago Title Co. Atty in fact</i>					
Signature <i>Melody R Denossett</i>					
PRINT NAME OF REGISTERED OWNER					
by <i>Larry T. Maloon by Chicago Title Co. Atty in fact</i>					
Signature <i>Melody R Denossett</i>					
PRINT NAME OF REGISTERED OWNER					
Title <i>Notary</i>					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR <i>10/29/2009</i>					
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)					
CASSANDRA M. MITCHELL					
TITLE COMPANY / PHONE NUMBER					
Chicago Title Company/360-424-1700					
SIGNATURE / POSITION					
<i>Cass M. Mitchell</i>					
DATE					
6-9-08					
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 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 #					
BP06-1356					
SIGNATURE / POSITION					
<i>Cindy Gauthier</i>					
Skagit County Planning & Development					
DATE					
6/9/08					

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER +011103	YEAR 1991	MAKE Fleetwood	LENGTH/WIDTH(FEET) 44 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLM48A12624GH	
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>Debbie Springer CC of Summit Bank</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
<div style="display: flex; align-items: center;"> <div> <p style="margin: 0;">NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</p> <p>State of Washington _____ County of <u>SKAGIT</u></p> <p>Signed or attested before me on <u>23RD</u></p> <p>by <u>SUMMIT BANK</u> Signature <u>Joline R. Davidson</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</p> <p><u>CC DEBBIE SPRINGER</u> PRINTED NAME OF NOTARY PRINT NAME OF LEGAL OWNER <u>JOLINE R. DAVIDSON</u></p> <p>Title <u>NOTARY</u> County/Office No. OR AND: Dealer No. OR <u>10/15/07</u> DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date</p> </div> </div>					
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Tract 143, CEDARGROVE ON THE SKAGIT, according to the plat thereof, recorded in Volume 9 of Plats, pages 48 through 51, records of Skagit County, 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			
<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>Gabrielle Clay</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-27</u>		
SIGNATURE <u>Gabrielle Clay</u>			DATE <u>6-10-08</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>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.</p> </div> <p>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.</p>					

The Department of Licensing has
If you need special accommoda



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