



200806130128
Skagit County Auditor

6/13/2008 Page 1 of 2 11:51AM

RETURN ADDRESS

Glenn Good
8889 E Pressentin Dr
Concrete WA 98237

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 2186142	YEAR 1992	MAKE NASHU	LENGTH/WIDTH(FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) NC1D31369X4
-------------------------------	--------------	---------------	-------------------------------	--

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 3968-000-007-0007

LOT 7	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Pressentin Creek Wilderness Sub 1	QUARTER/QUARTER SECTION
----------	-------	--	-------------------------

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
---------------	-----------------------------	------------------------

NAME OF REGISTERED OWNER Glenn Good	DOL CUSTOMER ACCOUNT NUMBER
--	-----------------------------

NAME OF ADDITIONAL REGISTERED OWNER Kathryn Brady Good	DOL CUSTOMER ACCOUNT NUMBER
---	-----------------------------

ADDRESS 8889 E Pressentin Dr Concrete	CITY	STATE WA	ZIP CODE 98237
--	------	-------------	-------------------

NAME OF LEGAL OWNER Same As Registered	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 *[Signature]*

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY SEAL OR STAMP:

State of Washington County of Skagit Signed or attested before me on 6-5-08

by Glenn Good PRINT NAME OF REGISTERED OWNER Signature *[Signature]* NOTARY OR AGENT

by Kathryn Brady Good PRINT NAME OF REGISTERED OWNER Printed Name of Notary: Katie E. Hickok

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-7-11

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) Kate Sharp	BLDG PERMIT OFFICE/PHONE # 360-336-9410 X5780	BLDG PERMIT # BP 02-0841
---------------------------------------	--	-----------------------------

SIGNATURE / POSITION Kate Sharp Permit Technician	DATE 6-10-08
---	-----------------

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER 8186042	YEAR 1992	MAKE NASTU	LENGTH/WIDTH(FEET) 48x28	VEHICLE IDENTIFICATION NUMBER (VIN) NC1031369X4	
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	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	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			
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 7 th PRESSENTIN CREEK WILDERNESS SUBDIVISION No. 1 st , as per plat recorded in Volume 8 of Plats, Page 47 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) Shannon King			COUNTY OFFICE/VFS OPERATOR NUMBER 290133		
SIGNATURE <i>SK</i>			DATE 6-13-08		
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.



200806130128
Skagit County Auditor