



200806180090

Skagit County Auditor

6/18/2008 Page

1 of

2 12:45PM

RETURN ADDRESS

WESTGATE HOMES, INC.  
P.O. Box 778  
CAR HARBOR, WA 98277

**STATE OF WASHINGTON**  
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**

TPR / PLATE NUMBER <b>8070977</b>	YEAR <b>1996</b>	MAKE <b>MARLETE</b>	LENGTH/WIDTH(FEET) <b>26 X 52</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>HC12299AB</b>
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
**221011**

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS <b>2</b>	NUMBER OF LEGAL OWNERS <b>SAME</b>
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NAME OF REGISTERED OWNER  
**PHIPPS, JASON D.**

NAME OF ADDITIONAL REGISTERED OWNER  
**PHIPPS, MARCY**

ADDRESS <b>12939 HONEY LN.</b>	CITY <b>MT VERNON</b>	STATE <b>WA</b>	ZIP CODE <b>98273</b>
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NAME OF LEGAL OWNER  
**SAME**

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
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**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 of Additional Registered Owner and Title, IF APPLICABLE \_\_\_\_\_

	<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>	
	State of Washington County of _____	Signed or attested before me on <b>APR. 16 2008</b>
	by <b>JASON D. PHIPPS</b> PRINT NAME OF REGISTERED OWNER	Signature _____ NOTARY OR AGENT
	by <b>MARCY PHIPPS</b> PRINT NAME OF REGISTERED OWNER	<b>MARLENE M. FAKKEMA</b> PRINTED NAME OF NOTARY
Title <b>NOTARY</b> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <b>4045</b> 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) <b>Shelley L. Nevitt</b>	TITLE COMPANY / PHONE NUMBER <b>Land Title Co. (360) 707-2158</b>
SIGNATURE / POSITION <i>Shelley L. Nevitt, Title Mgr.</i>	DATE <b>6-18-2008</b>

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 #
SIGNATURE / POSITION		DATE

**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 \_\_\_\_\_



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**  
 State of Washington  
 County of ISLAND  
 Signed or attested before me on 6-17-08  
 by MARCO D. PHIPPS PRINT NAME OF LEGAL OWNER Signature \_\_\_\_\_ NOTARY OR AGENT  
 by MARCEY PHIPPS PRINT NAME OF LEGAL OWNER MARLENE M. FAKKEVA PRINTED NAME OF NOTARY  
 Title AGENT DEALERSHIP POSITION/AGENT/NOTARY **AND:** County/Office No. OR Dealer No. OR 2-1-2011 Notary Expiration Date

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

(DK 12 DT 19) LOT 1 OF SKAGIT COUNTY SHORT PLAT NUMBER 20-87  
 RECORDED UNDER AUDITOR'S FILE NUMBER 8902140026 BEING A PORTION OF  
 THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 2  
 TOWNSHIP 34 RANGE 3 AND ALSO KNOWN AS LOT B OF REVISED SKAGIT  
 COUNTY SHORT PLAT NUMBER 10-76

**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>Hirsty Leveiry</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>240108</u>
SIGNATURE <u>Hirsty Leveiry</u>	DATE <u>6/18/08</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 Licensir  
 If you need special accomr

