



200808050060  
Skagit County Auditor

8/5/2008 Page 1 of 2 3:36PM

RETURN ADDRESS

Keith Johnson  
18870 Quail Drive  
Mount Vernon WA 98274-7721

GUARDIAN NW TITLE

195235-E

**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**

TPO PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
8201075	2000	LIBBY	70 X 28	09L33909X4

**2 LAND**

LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: P38652

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			Sec 7, T2N35, R165

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER: Keith Johnson

NAME OF ADDITIONAL REGISTERED OWNER: \_\_\_\_\_

ADDRESS	CITY	STATE	ZIP CODE
18870 Quail Drive	Mount Vernon	WA	98274

NAME OF LEGAL OWNER: Same As Registered

NAME OF ADDITIONAL LEGAL OWNER: \_\_\_\_\_

ADDRESS	CITY	STATE	ZIP CODE

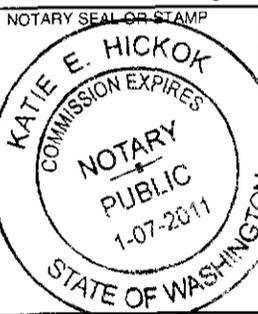
**GRANTEE**

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: *Keith Johnson*

Signature of Additional Registered Owner and Title, IF APPLICABLE: \_\_\_\_\_



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit

Signed or attested before me on 8-4-08

by Keith Johnson  
PRINT NAME OF REGISTERED OWNER

Signature: *Katie E. Hickok*  
NOTARY OR AGENT

PRINTED NAME OF NOTARY: Katie E. Hickok

Title: Notary

AND: County/Office No. OR 17-11  
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) Sheila Dant BLDG PERMIT OFFICE/PHONE # 360-336-9410 BLDG PERMIT # BP07-1322

SIGNATURE / POSITION: *Sheila Dant - Support Services Tech* DATE: 8-5-08

**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	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR AND: Notary Expiration Date
Title DEALERSHIP POSITION/AGENT/NOTARY		

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

That portion of the Southeast 1/4 of the Southwest 1/4 of Section 7, Township 35 North Range 5 East, W.M., lying Easterly of the Easterly line of the right-of-way of the United States of America, as conveyed by instrument recorded May 15, 1946, under Auditor's File No. 391878, and lying Easterly and Northerly of the County road known as the Fruitdale Road, Excepting therefrom road and railroad rights-of-way, if any.

**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

**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) <i>YOLA VANG</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>2901-25</i>
SIGNATURE <i>[Signature]</i>	DATE <i>8-5-08</i>

**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 is committed to providing equal access to its services. If you need special accommodations, please contact us at 1-800-531-5000.



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