



200809110080
Skagit County Auditor

RETURN ADDRESS

9/11/2008 Page 1 of 2 1:43PM

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 <i>200C102</i>	YEAR <i>09</i>	MAKE <i>FLUW</i>	LENGTH/WIDTH (FEET) <i>27'0" x 27'0"</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>FL34827513B913</i>
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
035681

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE <i>2-35-4</i>	QUARTER/QUARTER SECTION
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER <i>29</i>	NUMBER OF REGISTERED OWNERS <i>2</i>	NUMBER OF LEGAL OWNERS <i>2</i>
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NAME OF REGISTERED OWNER <i>Robert A. Spurgeon</i>	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF ADDITIONAL REGISTERED OWNER <i>Ember L. Spurgeon</i>	DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS <i>6716 Bridgewater Lane</i>	CITY <i>Sedro Woolley</i>	STATE <i>Wash.</i>	ZIP CODE <i>98284</i>
NAME OF LEGAL OWNER <i>Robert A. Spurgeon</i>	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF ADDITIONAL LEGAL OWNER <i>Ember L. Spurgeon</i>	DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS <i>6716 Bridgewater Lane</i>	CITY <i>Sedro Woolley</i>	STATE <i>Wash.</i>	ZIP CODE <i>98284</i>

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]*

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of *Skagit* Signed or attested before me on *9/11/08*

by *Robert A. Spurgeon* PRINT NAME OF REGISTERED OWNER Signature *[Signature]* NOTARY OR AGENT

by *Ember L. Spurgeon* PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY *S. King*

Title _____ AND: County/Office No. OR Dealer No. OR *290133* 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 *BPO 3-0872*

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) <i>Kate Sharp</i>	BLDG PERMIT OFFICE/PHONE # <i>Kate Sharp 336-9410 x5780</i>	BLDG PERMIT # <i>BPO3-0872</i>
SIGNATURE / POSITION <i>Kate Sharp</i>	DATE <i>9-11-08</i>	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
P261902	04	FLTWD	56 X 27	0R7134829513B913

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 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 Notary Expiration Date
Title _____		AND: _____
DEALERSHIP POSITION/AGENT/NOTARY _____		Notary Expiration Date _____

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

Track A of Skagit County Short Plot 24-87 Recorded under Auditor's
 File no. 198710210002 And also except That portion Descr.

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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Shannon King	290133
SIGNATURE	DATE
<i>[Signature]</i>	9/11/08

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 p
 If you need special accommodation, i



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