ETURN ADDRESS	I MARIA MAN ARINA SININ SANJANJAN MAN MAN BANG ARINA MAN MAN MAN MAN MAN MAN MAN MAN MAN M
	Skagit County Auditor
	1/23/2009 Page 1 of 2 12:29
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	01540504504504
STATE OF WASHINGTON MANUFACTURE  Proportion of APPLICAT  Anyone who knowingly makes a false statement of a material for a felony, and upon conviction may be punished by a fine, im	TITLE ELIMINATION    TRANSFER IN LOCATION   REMOVAL FROM REAL PROPERTY
MANUFACTURED HOME	,
PO / PLATE NUMBER YEAR MAKE LENGTH/WIDT	
17762 78 CFNT 66X	
LAND	LEGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE 🔲 AFFIXED 🔲 REMOV	PED PROPERTY JAX PARCEL NUMBER 14951
OT BLOCK PLAT MAME	SECTION/TOWNSHIP/RANGE
LOT 4 PT N 52 NORTH HAR GRANTOR(S) REGISTERED/LEGAL OWNER(S)	ADDITIONAL NAMES ON PAGE
COUNTY NUMBER OF REGISTERED	
29	1
AME OF REGISTERED OWNER	
KUTHILKLLIS  IAME OF ADDITIONAL REGISTERED OWNER	
NAME OF ADDITIONAL REGISTERED OWNER	·
ADDRESS 43606 LAKE DRIVE CL	EAR LAKE W.4. 98335
NAME OF LEGAL OWNER	
IAME OF ADDITIONAL LEGAL OWNER	
	<u> </u>
ADDRESS CITY	STATE ZIP CODE
COANTEE	
GRANTEE  IAME	
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY TH. /EHICLE AND THIS INFORMATION IS ACCURATE:	AT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS
	- Kith Jollio
Signature of Registered Owner and Title, IF APPLICABL	
Signature of Additional Registered Owner and Title, IF APPLICABL	E
	FICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested
State of Washington   County of   5 K o	
by Ruth I ELL	Signature Sparan R. anhons
DINT NAME OF REGISTERED OWN	NOTARY OR AGENT
SHARON R. ANTHONY STATE OF WASHINGTON INT NAME OF REGISTERED OWN	PRINTED NAME OF NOTARY
STATE OF WASHINGTON HOUSE OF REGISTERED OW	County/Office No. OB  AND: Dealer No. OR
NOTARY PUBLICE DEALERSHIP POSITION/AGENT/NO	TARY Notary Expiration Date 9 - 6 - 69
T THE COMMISSION STRATE AND N	and correct per the real property records
certify that the legal description of the land and ownership is true a	and confect her rule real higherty records.
NAME (TYPED OR PRINTED)	TITLE COMPANY / PHONE NUMBER

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

BLDG PERMIT OFFICE/PHONE #

□ 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.

BLDG PERMIT #

DATE

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 1 of 2

I certify that:

NAME (TYPED OR PRINTED)

SIGNATURE / POSITION

5 BUILDING PERMIT OFFICE CERTIFICATION

6 SIGNATURE OF LI	GALOWNER		
SIGNATURE OF LEGA	LOWNER INDICATES CONSENT FO	R ELIMINATION OF TITLE / REMOV	AL FROM REAL PROPERTY
Signature of	Legal Owner and Title, IF APPLICABLE		
Signature of Additional	Legal Owner and Title, IF APPLICABLE		
NOTARY SEAL OR STA	<del></del>	CERTIFICATION FOR LEGAL OWNE	ER(S) SIGNATURE
	State of Washington	Signed or atte	• •
	County of	before n	ne on
	by	Signature	
	PHINT NAME OF LEGAL OWNER	NOTARY	OR AGENT
	by PRINT NAME OF LEGAL OWNER	PRINTED NAME OF N	IOTARY
	Title		nty/Office No. <b>OR</b> Dealer No. <b>OR</b>
	DEALERSHIP POSITION/AGENT/	/NOTARY Notar	y Expiration Date
LAND DESCRIPTION	ON (A legal description of the land can	n be obtained from the local County	Assessor's Office
<i>y</i>		Phase 1 - 1	41/17
NORTH 1	HER TO CLERE	CARE LOT 4	
WEST 1	7 FEET OF L.	or 5 Block	2
	The state of the s	i. "Ah.	
	May with	Little Barrier Committee	
DEALER'S REPOR	TOFSALE	<del>- (                                   </del>	
I CERTIFY THAT TH	SINFORMATION IS CORRECT. THE V	EHICLE IS CLEAR OF ENCUMBRAN	NCES EXCEPT AS SHOWN.
ANY REQUIRED SA EALER NAME (TYPED OR P	LES TAX HAS BEEN COLLECTED.	Marie Commission of the Commis	
CALEN NAME (11FED ON F	חואו בטן	WA DEALER NUMBER	DATE OF SALE
JACHASE PRICE	TAX JURISDICTION/TAX RATE DEALER'S	AUTHORIZED SIGNATURE	· · · · · · · · · · · · · · · · · · ·
		A STATE OF THE STA	
	MPT Sale to a Certified Tribal member o /AGENT LICENSING OFFICE APPROV		ement of delivery).
	olication appears to have been completed o		nt documentation to proceed wit
AME (TYPED OF PRINTED)	1 -	COUNTY OFFICE/VFS ORE	ERATOR NUMBER
DINETCH	Lowery	\ 290	108
GNATURE	1010	Angelon Company	DATE
TITLEFEES	7 mily	<del></del>	100/06
	PPLICATION MOBILE HOME FEE	ELIMINATION FEE USE TAX	SUBAGENT FEES
	<u></u>		TOTAL FEES & TAX
			Comment of the state of the sta
Uthontaut	One of the court of the court		The state of the s
IMPORTANT:	Once the application has been ap Licensing Office, take your applic	oproved by the County Auditor / \ Sation form to the County Record	Vehicle
	Retain proof of the recording fees		
	your original application form, obt		
APPLIC	ANTS: Once recorded, you mus	t return to a Vehicle Licensing of	fice to file the
	Manufactured Home App	olication, paying all required fees.	Vehicle
	licensing subagents char	ge a service fee.	
For full inst	ructions on completing this form for	r 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, pleas