



200905070067  
Skagit County Auditor

5/7/2009 Page 1 of 211:19AM

RETURN ADDRESS  
Shane L. Huffaker  
23591 Main Street  
Mt. Vernon, WA 98273

**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 Z14427	YEAR 1980	MAKE STRDG	LENGTH/WIDTH (FEET) 24 X 56	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL2AA15382542
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY PARCEL NUMBER 4145-008-016-0003 (P75094)

LOT 9-16	BLOCK 8	PLAT NAME OR SECTION/TOWNSHIP/RANGE TOWN OF MCMURRAY, SKAGIT COUNTY	QUARTER/QUARTER SECTION
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**3 GRANTEE(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER: Shane L. Huffaker DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

NAME OF ADDITIONAL REGISTERED OWNER: \_\_\_\_\_ DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: 23591 Main Street, Mt. Vernon, WA 98273 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF LEGAL OWNER: National City Mortgage DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

NAME OF ADDITIONAL LEGAL OWNER: \_\_\_\_\_ DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: 6725 116th Avenue NE, Ste 104, Kirkland, WA 98033 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: *Shane Huffaker*

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

NOTARY SEAL OR STAMP

**NOTARY PUBLIC**  
STATE OF WASHINGTON  
**KAREN ALDERSON**  
My Appointment Expires Mar 28, 2011

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 12-7-07

by Shane Huffaker Signature: *Karen Alderson*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT  
by Karen Alderson  
PRINT NAME OF NOTARY  
Title Notary AND: County/Office No. OR Dealer No. OR 3-28-11  
DEALERSHIP POSITION/AGENT/NOTARY 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) LORI ANDERSON BLDG PERMIT OFFICE/PHONE # 360-336-9410 BLDG PERMIT # 99-1277

SIGNATURE / POSITION *Lori Anderson* PERMIT TECHNICIAN DATE 2/17/09

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH / WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
Z14427	1980	STRDG	24 X 56	ORFL2AA15382542

**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], Mortgage Officer  
 Signature of Additional Legal Owner and Title, IF APPLICABLE: \_\_\_\_\_

NOTARY SEAL OR STAMP 	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of <u>Ohio</u> County of <u>Montgomery</u>		Signed or attested before me on <u>3-24-2009</u>
	by <u>Jeff Blum</u> <small>PRINT NAME OF LEGAL OWNER</small>	Signature <u>Christa Dahlinghaus</u> <small>NOTARY OR AGENT</small>	by <u>Christa Dahlinghaus</u> <small>PRINTED NAME OF NOTARY</small> County/Office No. OR _____ Dealer No. OR _____ Title _____ AND: Notary Expiration Date _____ <small>DEALERSHIP POSITION/AGENT/NOTARY</small>

**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**  
 Ptn. Lots 9-16, Block 8, and Lots 1-6, Block 9, "TOWN OF McMURRAY, 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

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/VEHICLE OPERATOR NUMBER
<u>Kirsty Lowrey</u>	<u>290108</u>
SIGNATURE	DATE
<u>Kirsty Lowrey</u>	<u>5/7/09</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 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.

