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RETURN ADDRESS Land Title and Escrow 3010 Commercial Avenue			Skagit County Auditor 5/8/2009 Page 1 of 2 3:26P		
LAND TITLE OF SKA	GIT COUNTY				
132582-SAE					
			PLEASE CHECK	NE	
WASHINGTON STATE DEPARTMENT OF LICENSING Anyone who knowingly makes of a felony, and upon convict	Appli s a false statement of a		☐TTANSFER IN LOCATION ☐TREMOVAL FROM REAL PR	· · ·	
MANUFACTURED HOME					
TPO/PLATE NUMBER YEAR 1980	AP 1 - 450 A 20 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		HICLE IDENTIFICATION NUMBER (VIN)		
\$ 8/966 1980	Kentwood 4		ESCRIPTION ON PAGE 2		
			REAL PROPERTY TAX PARCEL NUMBER P59465/3822-000-069-0008	7	
MANUFACTURED HOME WILI			· · · · · · · · · · · · · · · · · · ·	1	
69 BLOCK	Skyline No	ction/township/rang. 6	GUARTER/QUARTER SECTION	4	
GRANTOR(S) REGISTERE			NAL NAMES ON PAGE		
COUNTY NUMBER	NUMBER OF R	EGISTERED OWNERS	NUMBER OF LEGAL OWNERS		
VAME OF REGISTERED OWNER		<i></i>	DOL CUSTOMER ACCOU	JNT NUMBER	
GALE N. STIMSON	<u> </u>	and the second s			
NAME OF ADDITIONAL REGISTERED OV	WNER ()	Carlotte and Carlo	DOL CUSTOMER ACCOU	JNT NUMBER	
NAME OF LEGAL OWNER SAME AS REGISTERED OF ADDITIONAL LEGAL OWNER	OWNER		DOL CUSTOMER ACCOUNTS OF THE PROPERTY ACCOUNTS		
ADDRESS		CITY	STATE ZIP CODE		
nuonego			STATE ZIP CODE		
GRANTEE NAME		elle _{least} grant of the state			
NAME:					
VEHICLE AND THIS INFORMA			am/are the registered owner(s) of	OF THIS	
			OR REGISTERED OWNER(S) SIGNATU	RÉ	
S TARY	State of Washington	Skacist	Signed or attested 3309		
STARY ON	County of 🛁	muc	detote ne on	$\overline{}$	
JBLIC)	by Cale N.	Himson	Signature WW		
1 note / 5/	PRINT NAME OF REGIST	ERED OWNER	NOTARY OF AGENT		
03 7.10.2	PRINT NAME OF REGIST	ERED OWNER	PRINTED NAME OF NOTARY		
OF WASHING	Title Nation	AGENTANOTARY	AND: County/Office No. OR Dealer No. OR	43010	
TITLE COMPANY CERTIFIC		- CATHOLINE	Notary Expiration Date		
certify that the legal description				ar ar A jan	
IAME (TYPED OR PRINTED)		TITLE CO	MPANY / PHONE NUMBER		
SIGNATURE / POSITION			T. 186		
			DATE		
lington this posts at an exist.	I I I I I I I I I I I I I I I I I I I	10	DATE of the date Title Company Representative		

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 #

5157

BLDG PERMIT OFFICE/PHONE 4 360-293-1901

Building Inspector

I certify that:

PAUL INGALLS

MANUFACTURED HO	ME-FROM						
TPO / PLATE NUMBER	YEAR 1980	MAKE Kentwood	LENGTH/WIDTH(FEET) 40 X 24	VEHICLE IDENTIFICATION NUMBER KW8009	R (VIN)		
6 SIGNATURE OF LE	GAL OWNE	R	Α				
SIGNATURE OF LEGA	LOWNER IN	DICATES CONSE		ON OF TITLE / REMOVAL FR	OM REAL PROPERTY.		
Signature of t	_egal_Owner	and Title, IF APP	LICABLE	Le 11 Alde,	more		
Signature of Additional L	egal Owner						
Signature of Additional L	Lau	7		TION FOR LEGAL OWNER	(S) SIGNATURE		
ISA JINE	XPIDS Sta	ite of Washington County of	Sucget	Signed or attest	Pa 3 3 109		
COMPAN	37 (23) "	daga (1)	Stimin		dul'AK		
JBI	C by	PRINT NAME OF LEG	SAL OWNER	Signature NOTARY OF	TABERT		
7-16-7	V 1.724	PRINT NAME OF LEG	ALOWNER	PRINTED NAME OF NOT	ARY		
	J. D.	/ w . L .	ge ^{to} get		Office No. OB 1-16 -> O		
PATEOFW	ASKY	DEALERSHIP POSITI	ON/AGENT/NOTARY	Notary E	xpiration Date		
7 LAND DESCRIPTION	A legal	description of the	e land can be obta	ined from the local County	Assessor's Office)		
Lot 69, "SKYLINE NO. 6", as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington.							
Situate in the City o	f Anacortes	County of Sk	agit State of Wasi	ath of an			
Situate in the City o	Allacoltes	, county of or	agin oldio of was				
			Salah Sa				
			All de la company	and the state of t			
8 DEALER'S REPOR							
I CERTIFY THAT TH ANY REQUIRED SA				S CLEAR OF ENCUMBRAN	CES EXCEPT AS SHOWN.		
DEALER NAME (TYPED OR P				WA DEALER NUMBER	DATE OF SALE		
PURCHASE PRICE	TAX JURISI	DICTION/TAX RATE	DEALER'S AUTHORIZED	SIGNATURE			
				reservation (attach notarize	d statement of delivery).		
				t for use by Subagents)			
I certify that the above ap with the recording of this		ears to have bee	n completed correctly	, and the applicant has sufficie	ent decumentation to proceed		
NAME (TYPED OR PRINTED)		STANG		COUNTY OFFICE/VFS OPERA	TOR NUMBER		
SIGNATURE	YOUR	VANG		29011	DATE / 1		
A	1	× 2	901/25		21819		
10 TITLE FEES		14000 5 00	NEEEE TEAM	au ere Tues en			
FILING FEE A	PPLICATION	MOBILE HO	ME FEE ELIMINAT	TION FEE USE TAX	SUBAGENT FEES		
Lice Ret	ensing Offic ain proof of	e, take your ap the recording f	plication form to the ees paid. If the Re	County Auditor / Vehicle ne County Recording Office ecording Office retains copy of the recorded form			
APPLIC	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.						
				nination, Removal from Re			

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

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