



200905210101
Skagit County Auditor

RETURN ADDRESS

5/21/2009 Page 1 of 2 2:13PM

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 +07092	YEAR 1984	MAKE Fleetwood	LENGTH/WIDTH(FEET) 48 X 26	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL2AE184803083
------------------------------	--------------	-------------------	-------------------------------	---------------------------------------------------------

2 LAND **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P21050

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Sec.2,Twn 34N, Rg 3	QUARTER/QUARTER SECTION 2/34/3
-----	-------	------------------------------------------------------------	-----------------------------------

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS
---------------------	----------------------------------	------------------------

NAME OF REGISTERED OWNER Robert Bruce Peterson	DOL CUSTOMER ACCOUNT NUMBER
---------------------------------------------------	-----------------------------

NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
-------------------------------------	-----------------------------

ADDRESS 12838 Avon Allen Road, Burlington WA 98233	CITY	STATE	ZIP CODE
-------------------------------------------------------	------	-------	----------

NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
---------------------	-----------------------------

NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
--------------------------------	-----------------------------

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 *[Signature]*

Signature of Additional Registered Owner and Title, IF APPLICABLE

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>3/26/09</u>
	by <u>Robert Bruce Peterson</u> PRINT NAME OF REGISTERED OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by <u>Barb K. Weyman</u> PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>8/15/12</u> 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) Kate Sharp	BLDG PERMIT OFFICE/PHONE # 360-336-9410	BLDG PERMIT # M09-0017
---------------------------------------	--------------------------------------------	---------------------------

SIGNATURE / POSITION <i>Kate Sharp</i> Permit Technician	DATE 5-21-09
-------------------------------------------------------------	-----------------

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER F07092	YEAR 1984	MAKE Fleetwood	LENGTH/WIDTH(FEET) 48 X 26	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL2AE18480 3083

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 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)

Attached

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) Krusty Lowery	COUNTY OFFICE/VFS OPERATOR NUMBER 290108
SIGNATURE Krusty Lowery	DATE 5/21/09

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.

