

RETURN ADDRESS



200911250044  
Skagit County Auditor

11/25/2009 Page 1 of 2 11:36AM

**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 96088242	YEAR 1994	MAKE Guerd	LENGTH/WIDTH(FEET) 40 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) GDSTOR449316196
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
341067 / 350322-4-001-0001

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE 22/35/03	QUARTER/QUARTER SECTION
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER Ian Mintz	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF ADDITIONAL REGISTERED OWNER Katharine Mintz	DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS 9619 Thomas Rd	CITY Bow	STATE WA	ZIP CODE 98232
NAME OF LEGAL OWNER Ian Mintz	DOL CUSTOMER ACCOUNT NUMBER		
NAME OF ADDITIONAL LEGAL OWNER Katharine Mintz	DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS 9619 Thomas Rd	CITY Bow	STATE WA	ZIP CODE 98232

**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	<p style="text-align: center;"><b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b></p> <p>State of Washington County of Skagit</p> <p>Signed or attested before me on 11/25/09</p> <p>by Ian Mintz PRINT NAME OF REGISTERED OWNER</p> <p>Signature <i>[Signature]</i> NOTARY OR AGENT</p> <p>by Katharine Mintz PRINT NAME OF REGISTERED OWNER</p> <p>PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR 241018</p> <p>Title Agent DEALERSHIP POSITION/AGENT/NOTARY AND: Notary Expiration Date</p>
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**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 SKAGIT COUNTY PLANNING	BLDG PERMIT OFFICE/PHONE # 360-336-9410	BLDG PERMIT # BP08-1054
SIGNATURE / POSITION <i>[Signature]</i> PERMIT TECHNICIAN	DATE 11/25/09	

**MANUFACTURED HOME - FROM SECTION 1**

PLATE NUMBER: 90088242 YEAR: 94 MAKE: General X40/28 VEHICLE IDENTIFICATION NUMBER (VIN): GDSTOR44931686

**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	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	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 _____	<b>AND:</b> _____	
DEALERSHIP POSITION/AGENT/NOTARY		

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

DK 12 N1/2 of SE 1/4 Less road described as follows: Beginning at the center of section 22; thence south along the north-south centerline of said section, 591 feet; thence east to the east line of County right of way said point being the true point of beginning; thence east, 209 feet; thence south, 209 feet; thence west, 209 feet; to said east line of the county road; thence north along said east line, 209 feet to the point of beginning.

**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) Kristy Lowery	COUNTY OFFICE/AFS OPERATOR NUMBER 290108
SIGNATURE K. Lowery	DATE 11/25/09

**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 pro  
If you, need special accommodation, p



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