

RETURN ADDRESS



201003100068

Skagit County Auditor

3/10/2010 Page

1 of

5 3:45PM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	96	Medis	28 x 40	1-15750	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER Ple 3463					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
22	0	Cape Horn #2			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
29	1				
NAME OF REGISTERED OWNER					
Hedrick, Vincent					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
41938 Cedar St, Concrete, WA 98239					
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 of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit			
		Signed or attested before me on 3/10/10			
		by Vincent Hedrick			
		PRINT NAME OF REGISTERED OWNER			
		Signature			
		NOTARY OR AGENT			
		290108			
		PRINTED NAME OF NOTARY			
		County/Office No. OR			
		AND: 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:					
<input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)					
See Attached					
BLDG PERMIT OFFICE/PHONE #					
96-0163					
BLDG PERMIT #					
DATE					

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH / WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	96	Madi	28x40	1-15750	
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 _____ Signed or attested County of _____ before me on _____ by _____ Signature _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by _____ PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY Title _____ AND: County/Office No. OR DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date _____			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 22, Blk "C" Cape Horn on the Skagit, Div 2 According to the plat thereof Recorded in Volume 9 of Plats Pages 14 through 19 records of 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	
See Attached					
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<input type="checkbox"/> 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/VFS OPERATOR NUMBER		
Christy Lowery			290108		
SIGNATURE			DATE		
Christy Lowery			3/10/10		
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





MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK 5:11	FILED AT THE REQUEST OF: NAME ADDRESS
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Please check one

- ☐ TITLE ELIMINATION (Complete all but section 3, below)
☐ TRANSFER IN LOCATION (Complete ALL sections below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4 below)

1 MANUFACTURED HOME			
TYO PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1996	Madison	28/40
VEHICLE IDENTIFICATION NUMBER (VIN)			3604290097

2 LAND	PROPERTY TAX PARCEL NUMBER 3869-015-022-0006
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Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).
Manufactured home will be ☐ AFFIXED ☒ REMOVED

3 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership is true and correct per the real property records			
NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

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

4 BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion			
NAME	SIGNATURE/TITLE	BLOG PERMIT OFFICE PHONE #	DATE
Jeanie Ostlund	Karen Catherine Remelovich	360 336 9410	4-10-96

5 OWNER INFORMATION			
COUNTY	INC	UNINC	REGISTERED OWNERS
			LEGAL OWNERS
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			
NAME OF FIRST OWNER HEDRICK, VINCENT R. HEDRICK3533J			
NAME OF SECOND OWNER			
ADDRESS OF OWNER 752 CEDAR STREET CITY SEDRO WOOLLEY STATE WA ZIP CODE 98284			
OR if the owner is a business provide the United Business Identifier (UBI) found on the business Registration & Licenses Document 6004533			
NAME OF FIRST LEGAL OWNER LYNNWOOD MORTGAGE MAILING ADDRESS OF FIRST LEGAL OWNER 6505 218TH STREET S.W. SUITE 9 CITY MOUNTLAKE TERRACE STATE WA ZIP CODE 98043			
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY			
FILING FEE			
APPLICATION			
MOBILE HOME FEES			
ELIMINATION			
USE TAX			
SUB AGENT FEES			
TOTAL FEES & TAX			
\$			

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 of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.		WADNR NO 4649	PURCHASE PRICE \$39,388.60
X. <i>[Signature]</i>		DEALER NAME 5TH AVENUE HOMES	TAX JURISDICTION/TAX RATE 2907
X. <i>[Signature]</i>		DEALER SIGNATURE	
X. <i>[Signature]</i>		USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)	
NOTARY OR LICENSE AGENT & NUMBER X ROBERTA N. HOODIMAN		SUBSCRIBED TO AND SWORN BEFORE ME THIS 26TH DAY OF APRIL 1996	Residing in (County) SKAGIT

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)			
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 DEPT. OF LICENSING	SIGNATURE X	OFFICE/OPS OPERATOR NUMBER	DATE 4/10/96

TD-420-735 MANUF HOME APP (R/25/04) Page 1 of 2
3604290097

BK1543PG0077



201003100068
Skagit County Auditor



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:

- ☐ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: Property Tax Parcel Number 3869-015-022-0006

Legal Description:

LOT 22, BLOCK O, CAPE HORN ON THE SKAGIT, DIVISION NO. 2, ACCORDING TO
THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 14 THROUGH 19,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

TD-426-732 APP ATTACHMENT (R/7/03) pg 1 of 2

96C4290097

BK1543PG0078



201003100068

Skagit County Auditor



Certificate of Fact

Use this form to make a statement of fact.

License plate/Registration number	Year	Make	Series/Body style
	96	Mercedes	28/40
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) 1-15750			
I certify that: Org. M/H elimination form completed incorrectly. S/B Affixed <u>not</u> Removed. Home purchased new 2/96. Has not been removed from land.			
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.			
Date and place		Signature	
Notarization/Certification			
State of Washington		Signed or attested	
County of Skagit		before me on 3/10/10	
by			
Signature			
Seal or Stamp		Name 290108	
		Printed or stamped name	
		Title	
Dealer or county/office number or notary expiration date			

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.
TD-420-043 (R/1/09)W



201003100068
Skagit County Auditor

3/10/2010 Page

5 of 5 3:45PM