



201006240094

Skagit County Auditor

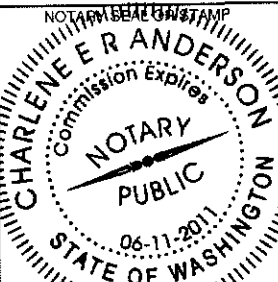
6/24/2010 Page

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4 3:46PM

RETURN ADDRESS

WASHINGTON STATE DEPARTMENT OF LICENSING		Manufactured Home Application		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 508504	YEAR 2008	MAKE Karsten	LENGTH/WIDTH(FEET) 56 X 52	VEHICLE IDENTIFICATION NUMBER (VIN) STA-293000R-ABCP	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER P48839	
LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Section 04 / Township 36 / Range 04		QUARTER/QUARTER SECTION 03	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER David Carpenter				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Jackie Carpenter				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 315 Alger CCC RD		CITY Sedro Woolley		STATE ZIP CODE WA 98284	
NAME OF LEGAL OWNER David Carpenter				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER Jackie Carpenter				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 315 Alger CCC RD		CITY Sedro Woolley		STATE ZIP CODE WA 98284	
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 _____					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skagit		Signed or attested before me on 6/15/10			
David Carpenter PRINT NAME OF REGISTERED OWNER		Signature _____ NOTARY OR AGENT			
Jackie Carpenter PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Charlene De Anderson			
Title Notary		AND: County/Office No. OR 6/11/2011 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) LORI ANDERSON		BLDG PERMIT OFFICE/PHONE # 360-336-9410		BLDG PERMIT # BPO9-0617	
SIGNATURE / POSITION Lori Anderson		PERMIT TECHNICIAN		DATE 6/24/10	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER 508504	YEAR 2008	MAKE Karsten	LENGTH/WIDTH(FEET) 56 X 52	VEHICLE IDENTIFICATION NUMBER (VIN) STA-293000R-ABCP
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 _____				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 70%;"> <p style="text-align: center;">NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</p> <p>State of Washington _____ Signed or attested before me on <u>6/15/10</u></p> <p>County of <u>Skagit</u></p> <p>by <u>Dave Carpenter</u> Signature <u>Charlene E. Anderson</u></p> <p>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</p> <p>by <u>Jackie Carpenter</u> Signature <u>Charlene E. Anderson</u></p> <p>PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY</p> <p>Title <u>Notary</u> AND: County/Office No. OR <u>6/11/2011</u></p> <p>DEALERSHIP POSITION AGENT/NOTARY Dealer No. OR Notary Expiration Date</p> </div> </div>				
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)				
INCLUDING 2008 KARSTEN MANUFACTURED HOME 40 BY 52 LOCATED IN THAT PORTION OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 4, TOWNSHIP 36 NORTH, RANGE 4 EAST LYING WESTERLY OF THE FORMER RAILROAD RIGHT OF WAY, NOW THE C.C.C. ROAD, AND LYING EASTERLY OF THE CAIN LAKE ROAD AS NOW ESTABLISHED AND LYING SOUTHERLY OF THE FOLLOWING DESCRIBED LINE: COMMENCING AT THE WEST QUARTER CORNER OF SAID SECTION 4; THENCE SOUTH 0 DEGREES 05 MINUTES 32 SECONDS WEST ALONG THE WEST LINE OF SAID SOUTHWEST QUARTER 291.22 FEET TO AN INTERSECTION WITH THE WESTERLY EXTENSION OF A LINE OF IRON PIPES AS ESTABLISHED ON AN EXISTING FENCE LINE; THENCE SOUTH 89 DEGREES 52 MINUTES 46 SECONDS EAST ALONG SAID LINE 581.97 FEET TO AN IRON PIPE ON THE EASTERLY MARGIN OF SAID CAIN.				
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		
<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) <u>Busty Lowery</u>		COUNTY OFFICE/FS OPERATOR NUMBER <u>290108</u>		
SIGNATURE <u>Busty Lowery</u>		DATE <u>6/24/10</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.				
<div style="border: 1px solid black; padding: 5px;"> 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. </div>				
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.



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Manufactured Home Application 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 the type of application: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: Property tax parcel number: P48839

Legal description:

INCLUDING 2008 KARSTEN MANUFACTURED HOME 40 BY 52 LOCATED IN THAT PORTION OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 4, TOWNSHIP 36 NORTH, RANGE 4 EAST LYING WESTERLY OF THE FORMER RAILROAD RIGHT OF WAY, NOW THE C.C.C. ROAD, AND LYING EASTERLY OF THE CAIN LAKE ROAD AS NOW ESTABLISHED AND LYING SOUTHERLY OF THE FOLLOWING DESCRIBED LINE: COMMENCING AT THE WEST QUARTER CORNER OF SAID SECTION 4; THENCE SOUTH 0 DEGREES 05 MINUTES 32 SECONDS WEST ALONG THE WEST LINE OF SAID SOUTHWEST QUARTER 291.22 FEET TO AN INTERSECTION WITH THE WESTERLY EXTENSION OF A LINE OF IRON PIPES AS ESTABLISHED ON AN EXISTING FENCE LINE; THENCE SOUTH 89 DEGREES 52 MINUTES 46 SECONDS EAST ALONG SAID LINE 581.97 FEET TO AN IRON PIPE ON THE EASTERLY MARGIN OF SAID CAIN LAKE ROAD AND THE TRUE POINT OF BEGINNING OF SAID LINE; THENCE CONTINUE SOUTH 89 DEGREES 52 MINUTES 46 SECONDS EAST ALONG SAID FENCE LINE 562.08 FEET TO AN IRON PIPE ON THE WESTERLY MARGIN OF SAID C.C.C. ROAD AND THE TERMINUS OF SAID DESCRIBED LINE. EXCEPTING FROM THE ABOVE DESCRIBED TRACT THE NORTH 214.01 FEET THEREOF (AS MEASURED AT RIGHT ANGLES TO THE NORTH LINE OF SAID DESCRIBED TRACT).



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Ownership

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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 the type of application: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

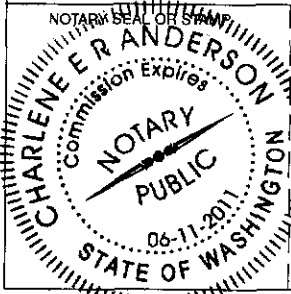
Property tax parcel number:

P48839

Additional grantor(s) registered owner(s)	
Name of registered owner David Carpenter	DOL customer account number
Name of registered owner Jackie Carpenter	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of registered owner(s)	
Signature of registered owner X <i>[Signature]</i>	Date 6/15/10
Signature of registered owner X <i>[Signature]</i>	Date 6/15/10
Signature of registered owner X	Date
Signature of registered owner X	Date
Signature of registered owner X	Date

		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
State of Washington	County of Skagit	Signed or attested before me on	6/15/10
By David Carpenter	Printed name of applicant	Signature <i>[Signature]</i>	Notary or Agent
	Printed name of Notary Charlene E. Anderson	Dealer No. OR	
Title Notary	Dealership Position/Agent/Notary	AND: County/Office No. OR	
		Notary Expiration Date	6/11/2011



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