



201012220039
Skagit County Auditor

12/22/2010 Page 1 of 2 2:11PM

RETURN ADDRESS

Francisco Serrano - Moreno
Maribel S. Medina
18272 Peterson Rd
Burlington WA 98233

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)

- TITLE ELIMINATION
- TRANSFER IN LOCATION
- REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

TPO / PLATE NUMBER +63359	YEAR 1985	MAKE GRNHL	LENGTH/WIDTH(FEET) 60X28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL2AF034804133
------------------------------	--------------	---------------	-----------------------------	---

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P70242

LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE West View Acres Sub. Skagit County Wash	QUARTER/QUARTER SECTION
----------	-------	--	-------------------------

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

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

NAME OF REGISTERED OWNER Francisco Serrano-Moreno DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER Maribel S. Medina DOL CUSTOMER ACCOUNT NUMBER

ADDRESS 18272 Peterson Rd CITY Burlington STATE WA ZIP CODE 98233

NAME OF LEGAL OWNER Same As Registered 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 Francisco Serrano Moreno

Signature of Additional Registered Owner and Title, IF APPLICABLE Maribel S. Medina

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington Skagit County Signed or attested before me on 8/24/10

by Francisco Serrano-Moreno Signature [Signature] NOTARY OR AGENT
 by Maribel S. Medina Signature [Signature] NOTARY OR AGENT

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-7-11

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) BLDG PERMIT OFFICE/PHONE # 360-336-9410 BLDG PERMIT # LORI ANDERSON SKAGIT COUNTY PLANNING 17073

SIGNATURE / POSITION DATE [Signature] PERMIT TECHNICIAN 11/15/10

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
+63359	1985	GRNHL	60 X 28	ORFL2AF034804133	
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 _____	
	Title _____	DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR 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 2, "WEST VIEW ACRES SUBDIVISION, SKAGIT COUNTY, WASH.", as per plat recorded in Volume 7 of Plats, page 35, 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	
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/VES OPERATOR NUMBER		
Signature _____			290108		
SIGNATURE				DATE	
_____				12/22/10	
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, please call (360) 902-3600 or TTY (360) 664-8885.



201012220039
Skagit County Auditor