



201101030193
Skagit County Auditor

1/3/2011 Page 1 of 2 10:43AM

RETURN ADDRESS

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: #81076 YEAR: 1979 MAKE: BARR LENGTH/WIDTH(FEET): 60 X 24 VEHICLE IDENTIFICATION NUMBER (VIN): WAFLZA929313009

2 LAND LEGAL DESCRIPTION ON PAGE _____
MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: P 103285 P-80956
LOT: _____ BLOCK: _____ PLAT NAME OR SECTION/TOWNSHIP/RANGE: _____ 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: JUAN CARLOS DIAZ-COVARRUBIAS DOL CUSTOMER ACCOUNT NUMBER: DIAZCJC273LT
NAME OF ADDITIONAL REGISTERED OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER: _____

ADDRESS: 2014 N. 33RD PL CITY: MOUNT VERNON STATE: WA ZIP CODE: 98273

NAME OF LEGAL OWNER: SKAGIT STATE BANK DOL CUSTOMER ACCOUNT NUMBER: _____
NAME OF ADDITIONAL LEGAL OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER: _____

ADDRESS: P.O. BOX 285 CITY: BURLINGTON STATE: WA ZIP CODE: 98233

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: Juan Carlos Diaz C.
Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
NOTARY SEAL OR STAMP: TERI L. SABEN, COMMISSION EXPIRES 12-15-2014, NOTARY PUBLIC, STATE OF WASHINGTON
State of Washington County of Skagit Signed or attested before me on 11-2-10
by Juan Carlos Diaz Signature: Teri L. Saben
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
by _____ PRINTED NAME OF NOTARY: Teri L. Saben
PRINT NAME OF REGISTERED OWNER County/Office No. OR Dealer No. OR Notary Expiration Date: 12-15-14
Title: Notary AND: _____
DEALERSHIP POSITION/AGENT/NOTARY 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): Rick Rosser BLDG PERMIT OFFICE/PHONE #: 360-336-6214 BLDG PERMIT #: 10127
SIGNATURE / POSITION: _____ DATE: 11/2/10

MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER # 81076	YEAR 1979	MAKE BARR	LENGTH/WIDTH(FEET) 60 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL2A929313009
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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 Ed Zavalin
Skagit State Bank - Burlington, WA 98233

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>11-2-10</u>
	by <u>Ed Zavalin VP</u> PRINT NAME OF LEGAL OWNER	Signature <u>Teri L. Saben</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Teri L. Saben</u>
Title <u>Notary</u>	AND: County/Office No. OR _____ Dealer No. OR <u>12-15-14</u> Notary Expiration Date	

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

TRACT 17 PLAT OF EASTWIND, as per plat recorded in Volume 12 of PLATS Pg 31 and 32, records of Skagit County, Wa. Except minerals rights as reserved by the state of Wa. by deed dated May 4 1908 and recorded May 20 1908 under Auditor File No. 67757 in Volume 74 of deeds Pg 221 records of Skagit County Wa.

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) <u>Shannon King</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29 / 01 / 33</u>
SIGNATURE <u>[Signature]</u>	DATE <u>1-3-11</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.

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.

