

RETURN ADDRESS



201104250039

Skagit County Auditor

4/25/2011 Page

1 of

2 11:23AM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input checked="" 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)	
	1991	Goldw	52 X 28	BD10453	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 350611-4-004-0008					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
				11/T 35N/R6E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skagit	1		1		
NAME OF REGISTERED OWNER					
Mike Shanes					
DOL CUSTOMER ACCOUNT NUMBER					
NAME OF ADDITIONAL REGISTERED OWNER					
37303 Cape horn Rd Sedro Woolley WA 98284					
DOL CUSTOMER ACCOUNT NUMBER					
ADDRESS					
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					
24397 E State St Sedro Woolley 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					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit			
		Signed or attested before me on 4/25/11			
		by Mike Shanes			
		Signature			
		PRINT NAME OF REGISTERED OWNER			
		NOTARY OR AGENT			
		by			
		PRINT NAME OF REGISTERED OWNER			
		PRINTED NAME OF NOTARY			
		Title			
		DEALERSHIP POSITION/AGENT/NOTARY			
		AND: County Office No. OR			
		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			
Ida Ekkelkamp		Land Title & Escrow 260-701-2312			
SIGNATURE / POSITION		DATE			
Ida Ekkelkamp / title		4/20/11			
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 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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
SIGNATURE / POSITION				DATE	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	91	Goldw	52X28	BD10453	
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 _____ Signature _____ <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> by _____ <small>PRINT NAME OF LEGAL OWNER</small> PRINTED NAME OF NOTARY Title _____ AND: County/Office No. OR <small>DEALERSHIP POSITION/AGENT/NOTARY</small> 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)					
The South 326.76 feet of the west 284.00 feet of the West half of the Northwest Quarter of the Southeast Quarter of Section 11, Township 35 North, Range 6 East of the Willamette Meridian; Except the South 20.00 feet thereof for County road.					
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		
Kirsty Lowery			2901-08		
SIGNATURE			DATE		
Kirsty Lowery			4/25/11		
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.



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Skagit County Auditor