

RETURN ADDRESS

James & Amy Weppler
20448 Hwy 9
Mount Vernon wa 98274



201104290019
Skagit County Auditor

4/29/2011 Page

1 of

2 9:43AM

*330517-3-004-0007

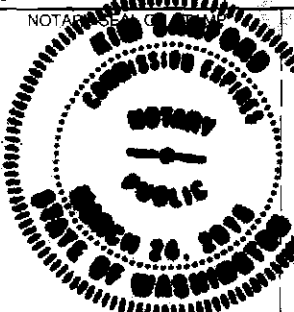
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 90 139608	YEAR 1996	MAKE Skyi	LENGTH/WIDTH(Feet) 48x27	VEHICLE IDENTIFICATION NUMBER (VIN) 2T910923IAB	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED * REAL PROPERTY TAX PARCEL NUMBER 330517-3-004-0007					
LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SP36-80 17-33-5		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER James Weppler					
NAME OF ADDITIONAL REGISTERED OWNER Amy Weppler					
ADDRESS 20448 Hwy 9					
CITY Mount Vernon					
STATE WA					
ZIP CODE 98274					
NAME OF LEGAL OWNER Peoples Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 418 Grover St.					
CITY Lynden					
STATE WA					
ZIP CODE 98244					
GRANTEE					
NAME James & Amy Weppler					
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 James Weppler					
Signature of Additional Registered Owner and Title, IF APPLICABLE Amy Weppler					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skagit					
Signed or attested before me on April 12, 2011					
by James Weppler PRINT NAME OF REGISTERED OWNER					
Signature Robyn J Miller NOTARY OR AGENT					
by Amy Weppler PRINT NAME OF REGISTERED OWNER					
PRINTED NAME OF NOTARY Robyn J Miller					
Title Notary DEALERSHIP POSITION (AGENT/NOTARY)					
AND: County/Office No. OR Dealer No. OR 11-30-12 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) Shelley L. Nevitt, Title Operations Mgr. of Land Title + Escrow					
TITLE COMPANY / PHONE NUMBER (360) 707-2158					
SIGNATURE / POSITION Shelley L. Nevitt, LPO					
DATE 4-28-2011					
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)
96139608	1996	SKYL	48 X 27	279109231AB

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	<i>Dennis E. Boe VP</i>
Signature of Additional Legal Owner and Title, IF APPLICABLE	

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <i>Skagit</i>	Signed or attested before me on <i>April 21, 2011</i>
	by <i>Peoples Bank by</i> PRINT NAME OF LEGAL OWNER <i>Dennis E. Boe</i> PRINT NAME OF LEGAL OWNER	Signature <i>Kim Sanford</i> NOTARY OR AGENT <i>Kim Sanford</i> PRINTED NAME OF NOTARY
	Title <i>Notary</i> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <i>3/24/15</i> 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)
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Tract 2 of Skagit County Short Plat No. 36-80, recorded under Auditor's File No. 8005230014, records of Skagit County, Washington, being a portion of the Northwest Quarter of the Southwest Quarter of Section 17, Township 35 north, Range 5 East of the Willamette Meridian.
 Situate in 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)
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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
<i>YOUNG VANG</i>	<i>290125</i>
SIGNATURE	DATE
<i>[Signature]</i>	<i>4/29/11</i>

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 (206) 296-2600 or TDD (206) 296-2600.



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Skagit County Auditor