

8/23/2014 Pag

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ETURN RECORDE	DOCUME!	NT TO:			0/23/2	O11 Page	1 of	3 9
Ms. Paula Sager						•		
125 E. Rio Vista	Avenue							
Burlington, WA 9	98233			<del></del> -				
- Comment of								
139729-OAE								
ND TITLE OF SKAG	UT COUNTY	<b>. 4</b>		<del></del>		•		
WASHINGTON STATE DE LICENS or full instructions	PARTMENT OF SING on complet	ing this form, s	Ifactured Applicationsee Manufactured	n	Г	PLEASE CH Title Elimin Transfer in	ation	_
structions, form T								
TPO/Plate number	Year 2008	Make Evergree	Length/Width (f	´	e identification 3611 OR	number (VIN)		
Land								
Manufactured home will  Affixed		Real property  Tax parcel no.	P59477		l enal	description on	nage	
Lot	Block		ame or Section/Town	ship/Range	Logar		uarter section	
30		1 *	line No. 6					
Grantor(s) R County number		I/Legal Own gistered owners				-(-)		
Jounny number	1 1 No. re	gisterea owners	No. legal owners	Paula S	ne <i>(if applicat</i> a <b>ce</b> r	Nej		
Name of registered own Paula Sager	ner		and the second s			WA Driver licens	e or UBI numbe	r
Name of additional regi	istered owner					WA Driver licens	e or UBI numbe	r
24.17				Samuel Control of the State of	23.50			
Address <i>(Address, City</i> <b>125 E. Ric Vista</b>		•	<b>A-98233</b> 46	25 Devo	nshire	Dr., Anaco	ortes. WA	982
Name of legal owner						WA Driver licens		
Same as Regist			·	,		Manager Committee		
Name of additional lega	al owner					WA Driver licens	e or UBI numbe	r
Address (Address, City	State, ZIP con	de) Venue Rur	lington, WA	98233				
declare under pe	***************************************				aton that I	am/wa ara tha	rogistored	_
owner(s) of this m	anufacture	d home and the	foregoing inform	nation is tru	ie and cort	ect.	. registereu 	
			X	Sauc	5	acer		
			Signature	of registered	owner and title	e, il applicable	7	<del></del>
	11111111		<u>X</u>					
IIII WIFER	LIND		_		-	ner and title, if app	je <del>abl</del> e	<b>4</b>
Votage and Torre	Ayo	State of _	Washington	, County of_	Skag	it(		
W.C.	2014.5	Signed or	attested before me	on	lugust .	11,/2011	$\angle \bigcirc$	^\ ^\
(Sea on (emp)	AND SOLIC STREET	by Pau	la Sager pistered owner name nifer J. Li	nd	- (By Print r	egyatered owner na	ame	4
William OF W	ASHITTING	Notary Not	printed or stamped na		Notary and	/\) rsignature 10/01/20	14	
-4441		Title				county office num		xpiration
-420-729 (R/6/11)W Page	1 of 3					Con	tinued on ne	xt pag

Manufactured home TPO/ Plate number (from Section 1) 4 Title Company Certification PRINT or TYPE Name of person signing Title company name Position (Area code) Telephone number I certify that the legal description of the land and ownership is true and correct according to the real property records. Date 5 Building Permit Office Certification If 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. PRINT or TYPE Name of person signing Building permit office Building permit number BLD-2007-0528 (Area code) Telephone number 360) 293-1901 6 Signature of Legal Owner(s) Signature of legal owner indicates consent for Elimination of Title or Removal from real property. Signature of legal owner and title, if applicable Signature of additional legal owner and title, if applicable Notarization/Certification State of\_\_\_\_\_, County of Signed or attested before me on (Seal or stamp) Print legal owner name Print legal owner name Notary printed or stamped name Notary signature Title Dealer/county office number or notary expiration 7 Land Description Legal description of land Lot 80, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington. Situate in the City of Anacortes, County of Skagit, State of Washington.

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		elling dealer complete						
PRINT or TYPE D		ouring addition domprote	tillo ocation	WA dealer number				
Date of sale	Pu	rchase price	Tax juris	ax jurisdiction/Tax rate				
☐ Sales Tax E	Exempt – Sale to a C	Certified Tribal membe	r on the reservation	n (attach notarize	d statement of delivery).			
	nis information is coi s tax has been collec	<u>X</u>			xcept as shown. Any			
County A	uditor/Agent Lic	ensing Office App	proval (not for use	bv subagents)	<u> </u>			
PRINT or TYPE Name  County office/VFS operator number  A 105+0 County Office/VFS operator number								
I certify that the documentation	ne above application n to proceed with th	appears to be comple e recording of this form Sig	eted correctly, and m.	the applicant has	sufficient  S 23 4			
10 Title Fee					***************************************			
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees			
					Total fees & tax 0.00			

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 46.12.750



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