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201109160032
Skagit County Auditor
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WASHINGTON STATE DEPARTMENT OF LICENSING

Manufactured Home Application

For full instructions on completing this form, see Manufactured Home Application Instructions, form TD-420-730.

PLEASE CHECK ONE
- [X] Title Elimination
- [ ] Transfer in Location
- [ ] Removal from Real Property

1 Manufactured Home

TPO/Plate number	Year	Make	Length/Width (feet)	Vehicle identification number (VIN)
843261	1985	FLTWD	66x28	ORFL2AF294804908

2 Land

Manufactured home will be [X] Affixed [ ] Removed

Real property Tax parcel no. 116301 Legal description on page ____

Lot	Block	Plat name or Section/Township/Range	Quarter/Quarter section
TR A		SP 99-0022	

3 Grantor(s) Registered/Legal Owner(s) – Additional names on page ____

County number	No. registered owners	No. legal owners	Grantee name *(if applicable)*
29	1 (ONE)	1 (ONE)	

Name of registered owner: CHARLES GRABLE — WA Driver license or UBI number: GRABLCS500JG

Name of additional registered owner: — N/A — WA Driver license or UBI number:

Address *(Address, City, State, ZIP code)*: 7959 MY-WAY SEDRO WOOLLEY, WA 98284

Name of legal owner: SAME AS REGISTERED — WA Driver license or UBI number:

Name of additional legal owner: — WA Driver license or UBI number:

Address *(Address, City State, ZIP code)*:

I declare under penalty of perjury under the laws of the state of Washington that I am/we are the registered owner(s) of this manufactured home and the foregoing information is true and correct.

X _____
Signature of registered owner and title, if applicable

X _____
Signature of additional registered owner and title, if applicable

Notarization/Certification

State of WA, County of Skagit

Signed or attested before me on 9-16-11

(Seal or stamp)

by CHARLES S. GRABLE by ____
Print registered owner name — Print registered owner name

X _____ 2901/25
Notary printed or stamped name — Notary signature

Title and Dealer/county office number or notary expiration

Continued on next page

Manufactured home TPO/Plate number *(from Section 1)* _____

4 Title Company Certification

PRINT or TYPE Name of person signing	Title company name
N/A	
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.

X _____
Signature Date

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.

PRINT or TYPE Name of person signing	Building permit office	Building permit number
LORI ANDERSON	SKAGIT COUNTY	22904
Position		(Area code) Telephone number
PERMIT TECHNICIAN		360-336-9410

X Lori Anderson 9/16/11
Signature Date

6 Signature of Legal Owner(s)

Signature of legal owner indicates consent for Elimination of Title or Removal from real property.

X _____ (OWNER)
Signature of legal owner and title, if applicable

N/A OWNER OWNER

X _____
Signature of additional legal owner and title, if applicable

Notarization/Certification

State of _____, County of _____

Signed or attested before me on _____

(Seal or stamp)

by _____ by _____
Print legal owner name Print legal owner name

_____ X _____
Notary printed or stamped name Notary signature

_____ and _____
Title Dealer/county office number or notary expiration

7 Land Description

Legal description of land PROPERTY ID# 116301
(1.8900 AC) TRACT "A" OF SHORT PLAT 99-0022
AF# 200001210010

Continued on next page

Manufactured home TPO/ Plate number *(from Section 1)* _____

8 Dealer Report of Sale – Selling dealer complete this section

PRINT or TYPE Dealer name		WA dealer number
Date of sale	Purchase price	Tax jurisdiction/Tax rate

☐ Sales Tax Exempt – Sale to a Certified Tribal member on the reservation *(attach notarized statement of delivery).*

I certify that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected.

X _____
Dealer authorized signature

9 County Auditor/Agent Licensing Office Approval *(not for use by subagents)*

PRINT or TYPE Name	County office/VFS operator number
YOUA VANG	290125

I certify that the above application appears to be completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

X _____ 9-16-11
Signature Date

10 Title Fees

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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If you need accommodation, please call (360) 902-3600 or TTY (360) 664-0116.