



201304180121

Skagit County Auditor

Return Address:

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Title Elimination Services
677 120th Ave NE Ste. 2A-165
Bellevue, WA 98005

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Manufactured Home Application 2. for Title Elimination re-record to correct
3. _____ 4. Uin number

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)

1. Morris, Larry A.
2. Morris, Claudia M.

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)

1. Public
2. _____

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)Lot 91 Cedargrove on the Skagit

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number
assigned3877-000-091-0004☐ Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

RETURN ADDRESS

First American Title
1301 B Riverside Dr.
Molokai, WA 98273



200212160248
Skagit County Auditor

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71142.

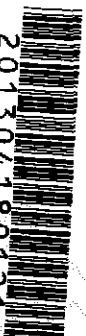
* Re-record to correct vin no.

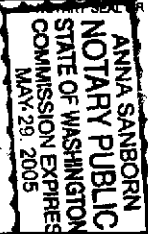
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 48.12.210)		<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME		ORFL2ABE164803037			
TPQ / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1984	6ENHL	48X28	ORFL2ABE164803037	
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 3877-000-091-0004 P64157			
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
91		Redgrove at the Skagit	P64157		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		ADDITIONAL NAMES ON PAGE			
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS			
	2	1			
NAME OF REGISTERED OWNER MORRIS, LARRY A.					
NAME OF ADDITIONAL REGISTERED OWNER MORRIS, CLAUDIA M.					
ADDRESS	CITY	STATE	ZIP CODE		
46263 Baker S. Loop Rd	Concrete	WA	98237		
NAME OF LEGAL OWNER GMAC mortgage.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS	CITY	STATE	ZIP CODE		
1313 N Atlantic Suite 4500	Spokane	WA	99201		
GRANTEE					
NAME					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Larry A. Morris</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Claudia M. Morris</i>					
NOTARY PUBLIC KIM M. KERR COMMISSION EXPIRES 12-15-05 STATE OF WASHINGTON		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u> Signed or attested before me on <u>11-7-02</u>			
		by <u>Larry A. Morris</u> Signature <u>Kim M. Kerr</u> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by <u>Claudia M. Morris</u> <u>Kim M. Kerr</u> PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY			
		Title <u>CLOSER</u> 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			
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: <input checked="" 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 #	
TISH CAMPBELL		360-536-9410		15597	
SIGNATURE / POSITION		DATE			
<i>Tish Campbell</i>		11/25/02			

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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 <u>Michelle Bulger</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington _____ Signed or attested before me on <u>12-11-02</u> County of <u>Spokane</u> by <u>Michelle Bulger</u> Signature _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT by _____ PRINT NAME OF LEGAL OWNER Title <u>Notary</u> AND: _____ DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR Dealer No. <u>QB579/05</u> Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
LOT 91, Cedar Grove on the Skagit, according to the plat recorded in Vol. 9 of Plats, pgs. 48-51, inclusive, records of Skagit County, Washington.					
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) <u>JORDEN ANGLER</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-05</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>12/16/2002</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>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.</p> </div> <p>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.</p>					

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodations, please contact us at 1-800-541-5800.



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Skagit County Auditor

STATE OF WASHINGTON } SS
COUNTY OF SKAGIT

I, Auditor of Skagit County, State of Washington, do hereby
certify that the foregoing instrument is a true and correct copy
of the original now on file in my office
IN WITNESS WHEREOF, I hereunto set my hand and seal of

my office the 19 day of April 2013

Auditor

Deputy



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Skagit County Auditor