



WASHINGTON STATE DEPARTMENT OF LICENSING (d

RETURN RECORDED DOCUMENT TO:

Manufactured Home Application

Please check one:

Title Elimination Transfer in Location

Removal from Real Property

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

Manufactured	Home				
TPO/Plate number	Year 1987 Fu	gua 64×2		tion number (VIN) 34	
2 Land		be a second s			
Manufactured home will I		S & V J Z J S I	Legal descrij		
Lot 3	Block	Plat name or Section/To 5P(1-82	wnship/Range	Quarter/Quarter section	
Grantor(s) Re	gistered/Legal	I Owner(s) - Additio	onal names on page .		
County number	No. registered ow	wners No. legal owners	Grantee name (if appl	icable)	
Name of registered owne Toseph		olm (Washington driver license or UBI number	
Name of additional regist			Washington driver license or UBI number MARKSK03/7D2		
Address (Address, City, S $//355$ W		e Rd. Anacorte	15 WA 9822		
Name of legal owner	s register	red owner		Washington driver license or UBI number	
Name of additional legal				Washington driver license or UBI number	
Address (Address, City S	State, ZIP code)		9 		
owner(s) of this ma	nufactured home a	and the foregoing info	te of Washington tha rmation is true and c OALIMO in the strengthered owner and COMPON	U. Sincham	
Notarization OF the	IND UIT		a 1	owner and title, if applicable	
Notarization	ation Sta	ate of			
Notarization (C) filt (Seal of etamp) (0, 01, 21 (Seal of etamp) (0, 295 (Seal of etamp) (0, 295 (0, 0, 1, 20 (0, 0, 1, 20 (0, 0, 1, 20) (0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Ation Sta pires NO NO Sta Sta Sta Sta Sta Sta Sta Sta	Print registered owner nam Jennifer J.	ndholm by K. Lind	arenza Di Lindholm	
- OF W	AUTHIN'S	Notary printed or stamped Notary Title	and [tary signature 10/01/2014 aler/county office number or notary expiration	
)-420-729 (R/4/12)WA Page	1 of 3			Continued on next_page	

4 Title Company Certifi	•	,		
PRINT or TYPE Name of person sign			ompany name	
Jennifer J. Lind	·		<u> </u>	and Escrow
Position Escrow Closer		(Area 36	code) Telephoner 0-299-056	tumber
I certify that the legal descripti	on of the land and o	wnership is true Signature		according to the real property records 9-19-19 Date
5 Building Permit Office	Certification	\rightarrow	-0	
the second s	issued for this purpos			l. inspected upon completion.
PRINT or TYPE Name of person sign	ing	Buildir	g permit office	Building permit number
Position		i		(Area code) Telephone number
		X Signature		Date
6 Signature of Legal Ov	vner(s)	in the second	· · ·	
Notarization/Certification (Seal or stamp)	State of Signed or atteste by Print registered	ed before me on	County of	ner and title, if applicable
	· · · · · · · · · · · · · · · · · · ·	or stamped name	<u> </u>	Notary signature
	Title		and A	
7 Land Description				
Legal description of land See attach	ed			
D-420-729 (R/4/12)WA Page 2 of 3				Continued on next pa
				A THE A REAL AND A REAL CONTROL AND A REAL AND A

Manufactu eTPO/Plate number (from Section 1) а Б

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\$75.00 4 10:56AM

I certify that this information Any required sales tax ha	on is correct. Th	l Tribal membe ne manufacture d.	r on the reservati	•	rized statement of delivery
Sales Tax Exempt – Sales Tax Exempt – Sales Tax Exempt – Sales I certify that this informatic Any required sales tax ha	ale to a Certified	l Tribal membe ne manufacture d.	r on the reservati	on (attach nota	
l certify that this information Any required sales tax ha	on is correct. Th	ne manufacture d. X	nd home is clear o	•	
Any required sales tax ha		d. 🗙		of encumbrance	es except as shown.
·····	and the second and the				
Consider Accellant Accel	and the second	De	aler authorized signat	ire	
County Auditor/Ag	ent Licensin	g Office App	proval (not for u	se by subagent	s)
PRINT OF TYPE Name	roesci		County office/V	Soperator number	290108
I certify that the above ap documentation to proceed		ding of this form		d the opplicant	has sufficient 9/25/13 Days
0 Title Fees		and the second s			
Filing fee Applicat	tion M	obile home fee	Elimination fee	Use tax	Subagent fees
.				1	Total fees and 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

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3600 or TTY (360) 664-0116.



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- - /from Cootion 1) .

DESCRIPTION:

Lot 3 of Short Plat No. 11-82, approved May 24, 1982, and recorded in Volume 5 of Short Plats, page 190, records of Skagit County, Washington; being a portion of the South ½ of the North ½ of the Southwest ¼ of the Northeast ¼ of Section 31, Township 35 North, Range 2 East, W.M.

Situate in the County of Skagit, State of Washington.



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