

Skagit County Auditor

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3/20/2014 Page

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Instructions, form TD-420-730. I Manufactured Home TPO/Plate number 1 Year 1 4612433
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TPO/Plate number +612433 2007 Make OAKWD 27 x 52 ALBO316390RAB 2 Land Manufactured home will be Alfrixed Removed Tax parcel no P63260 Legal description on page Quarter/Quarier section Block Plat name or Section/Township/Range Quarter/Quarier section 3 Grantor(s) Registered/Legal Owner(s) - Additional names on page County number No. registered owners No. legal owners Grantee name (if applicable) 1 Name of registered owner LORETTA M. JOHNSON Name of additional registered owner Address (Address, City, State, ZiP code) 42026 N. SHORE LANE, CONCRETE, WA 98237 Name of legal owner SAME AS REGISTERED OWNER Name of additional legal owner Address (Address, City State, ZiP code) 1 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. Signature of registered owner and title, if applicable Signature of registered owner and title, if applicable Signature of registered owner and title, if applicable
ALBO316390RAB ALBO316390RAB
Manufactured home will be Manufactured home and the foregoing information is true and correct. Manufactured Real property Tax parcel no. P63260 Legal description on page Quarter/Quarter section
Lot Block Plat name or Section/Township/Range Quarter/Quarier section 3 Grantor(s) Registered/Legal Owner(s) – Additional names on page County number No. registered owners No. legal owners Grantee name (if applicable) No. registered owners I No. legal owners Grantee name (if applicable) Name of registered owner LORETTA M. JOHNSON Name of additional registered owner Address (Address, City, State, ZiP code) 42026 N. SHORE LANE, CONCRETE, WA 98237 Name of legal owner SAME AS REGISTERED OWNER Name of additional legal owner 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. **MALL SUMMED AND SUMMED AND SUMMED AND SIgnature of registered owner and title, if alplicable Signature of registered owner and title, if alplicable Signature of additional registered owner and title, if alplicable
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Signature of additional registered owner and title, if applicable
Notari Michigan Certification State of Washington , County of Skagit Signed or attested before me on
((Seal()) Seal()) The seal of
Print registered owner name Notary printed or stamped name Print registered owner name Whyseles Walles Hallat Notary signature Notary signature
Title Dealer/county office number or notary expiration

anufactured home TPO/Plate		· ·/	
Title Company Certifica			
PRINT or TYPE Name of person signing		Title company name	
Anneliese Farrell		Land Title	& Escrow
Position	· · · · · · · · · · · · · · · · · · ·	(Area code) Telephone	
	of the land and arms	<u>360-707-231</u>	. 4
certify that the legal description	i oi ine iario ario owner; :	snip is true and correct	according to the real property records.
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		goneure	faces 01.01.7
		gratura	Date
Building Permit Office (Certification		
certify that			
the manufactured home has	been affixed to the rea	al property as describe	d.
	sued for this purpose an	d the attachment will be	inspected upon completion.
RINT or TYPE Name of person signing		Building permit office	Building permit number
LORI ANDERSON	and the second s	SKON: LA.	BP09-0890
Position		- Duy T CO	
PERMIT TECHN	J	(Area code) Telephone number	
CALL IECHN	шл~		(360) 336-9410
	**\Z	An Oliver	1
•	-1/2	איווסגנעצבע	N/N00N - 5·19·14
	∵ √ √ §	ignature	Date
Signature of Legal Own	Naviol 1	 	
	Y v	·····	
Signature of legal owner indicat	les consent for Elimina	tion of Title or Remova	I from real property
· .			went roan property.
	3		
	S	ignature of legal owner and t	itle if applicable
	_		me, a applicable
		A Committee of the Comm	Wag.
	S	ignature of additional legal o	wner and title, if applicable
iotarization/Certification	State of Washin	gton, County of	Skagit
			La participa
	Signed or attested	before me on	
	_		
Seal or stamp)	by Maria Leig	n Johnson, Per	sonal Representative
	Print legal owner nan	ne	Print legal owner name
			X of f
	Notary printed or star	mped name	Notary signature
		and	
•	Title		Dealer/county office number or notary expiration
Land Description			
egal description of land			
	•		
Lot 24. Block H. "CA	APE HORN ON THE	SKACTT DIVICE	ON NO. 2", as per plat
recorded in Volume (af Diete	- 1/ tl 1	on no. 2, as per prat
recorded in Volume 9	or reats, pag	es 14 through	19, inclusive,
records of Skagit Co	ounty, Washingt	on.	
Situate in the Count	on of Observe o	L_LC ** 1 *	
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Skagit County Auditor 3/20/2014 Page

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		lling dealer complete	this section				
PRINT of TYPE Dealer name				WA dealer number			
" and the state of							
Date of sale	A A Pur	chase price	Tax jurisdiction/Tax rate				
Sales Tax E	xempt – Sale to a C	ertified Tribal member	on the reservation	(attach notarized	statement of delivery).		
i certify that th		rect. The manufacture					
	and the second s	and the sage					
		<u>X</u>					
		Dea	ler authorized signature				
County A	uditor/Agent Lic	ensing Office App	roval (not for use	by subagents)			
PRINT or TYPE Na	5.Kina		County office/VFS o		agit County Auditor 2001-33		
		appears to be comple	eted correctly, and t	he annlicant has			
documentation	to proceed with the	e recording of this form	n. 💉	The appropriate trace	OLINO, OTA		
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		Sigi	nature	_	Date		
		the second of th	\ \				
î Title Fee:	5)	· · · · · · · · · · · · · · · · · · ·		
() Title Fee: Filing fee	S Application	Mobile home fee	Elimination fee	Use tax	Subagent fees		

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

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