

Skagit County Auditor

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\$74.00 311:29AM

1/2/2015 Page

Venedo L. Garcia and Macrina C. Garcia 24102 Feather Lane Sedro Woolley, WA 98284

RETURN RECORDED DOCUMENT TO:

WASHINGTON STATE DEPART	MENT OF	Manuf	actured Ho	ome	Ple	ase check one:		
LICENSING Application						☑ Title Elimination		
or full instructions on estructions, form TD-4	completin 20-730.	g this form, see	e Manufactured Ho	me Application	=	ansfer in Location emoval from Real Property		
Manufactured	Home		Pag.					
TPO/Plate number	Make Liberty				tion number (VIN)			
Land		The second second	THE PROPERTY OF THE PROPERTY O					
Manufactured home will be Affixed Remov		al property x parcel no.	106896	Legal descript	tion on	page 2		
_ot	lock		ns or Section/Township/I	Range		Quarter/Quarter section		
Grantor(s) Reg	istered/	Legal Owne	r(s) - Additional na	ames on page _				
County number	No. regis	tered owners	No. legal owners Gra	untee name (if applic	able)			
Name of registered owner Venedo Lopez Gar	rcia				Washi	ngton driver license or UBI number		
lame of additional register Macrina Cesario G					Washi	ngton driver license or UBI number		
Address <i>(Address, City, Sta</i> 24102 Feather Lar			A 98284					
Name of legal owner North Coast Credi	t Union				Washi	ngton driver license or UBI number		
Name of additional legal ov	vner				Washi	gton driver license or UBI number		
Address (Address, City Sta 1100 Dupont Stree	t, Belling	gham, WA 9		A Section of the Sect	7			
declare under pena	lty of perju	ıry under the la	ws of the state of v	Vashington that	I arry/v	ve are the registered /		
owner(s) of this man	ufactured i	home and the f	oreg o ing information	h is true and co		Morrice		
MINNIN	ls.		Signature of re	gistered owner and t	itle, if ap	pplicable		
WAY K FLA	C4.		X Macri	u Cear	> 1			
3. A. C.				iditional registered o	wner an	d title, if applicable		
logadia (a) political		State of __	Jachington	County of	<u> </u>			
	CTON	Signed or at	tested before me on .	becem	Joer	- 3, 2014 V		
(Scal or siamp)		by <u>Verx</u>	dolopez G	arcia by <u>M</u>	GCr	ine Cesario Gara		
A E OF W	ASK		DEBURAH K. FLI		Še	red owner mam		
7 02 11		Notary pri	nted or stamped name	and	ary signa	iture 8/19/18		
		Title	(1	Dea	ler/coun	ty office number or notary expiratio		

Title Company Certification]
PRINT of TYPE wame of person signing	Title company nam	ne	1
Position		(Area code) Telephone number	
			1
I certify that the legal description of the land	and ownership is true and corre	ect according to the real property records.	
	'		
	<u>X</u>		
	Signature	Date	
Building Permit Office Certificati	ion		
certify that			
the manufactured home has been affixed			
a building permit has been issued for this	purpose and the attachment will	be inspected upon completion.	l
PRINT or TYPE Name of person signing	Building permit offi	しょうしょうりょ	i
LORI ANDERSON	A DKAGIT COU		
Position To a second of the s		(Area code) Telephone number	ŀ
PERMIT LECHNICIAN	4 - //	(360) 336 9410	1
The state of the s	X MAIN	nale 12/9/14	
All the second s	Signature	Date	
Signature of Legal Owner(s)			1
			1
Signature of legal owner indicates consent	for Elimination of Title or Remo	oval from real property.	
	D.O	Ga Om the Const	
Manney Comments	Signatule of legal owner a	un for North Coast nd title, if applicable Chait Union	
JO STROM	Y		
A WISION ELLO	Signature of additional leg	al owner and title, if applicable	
TAP TO		The Colonial Colonia Colonial Colonial Colonial	
Notaries on Certification State of	, \ 7.7		
Notarization Certification Signed of	r attested before me on	5204	
Notarization Certification State of Signed of Signed of State of Signed of S	eleen Bacon	when the coast Credit	Onia
(Seal of shamp) 09 1 Printer	egistered owner name	Printitiegristered owner name	1,00
OF WASHINGTON	ANNIA OF SHARKE, I	1 XM DONZER	
Manual Maria	printed or stamped name	Rotary/signature 2017	
Title		Dealer county office number or notary expiration	
Land Description	-		
Legal description of land			_
•			
Lot 5, Eagle Valley PUD, according to	o the plat thereof, recorded i	n Volume 15 of Plats, pages 181	
through 183, records of Skagit County	y, Washington.	The state of the s	
7. L.			
Situated in Skagit County, Washington	n.		
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			1)
			and the same of th
	_		estable and the

Dealer R	eport of Sale – Se	elling dealer complete	this section				
PAINT OF TYPE (Dealer name			Washington dealer number			
Date of sale	Pu	rchase price	Tax juris	Tax jurisdiction/Tax rate			
at a		Certified Tribal member			d statement of delivery). ccept as shown.		
-	sales tax has been o				•		
		X	aler authorized signature		Operation of the state of the s		
_	- All Market Control of the Control	pr					
County A	Auditor/Agent Lic	ensing Office App	roval (not for use	by subagents)	Skagit County		
PRINT OF TYPE I	Name		County offine/VFS of	perator number	Auditor 2901-08		
		appears to be comple e recording of this form		he applicant has	sufficient		
		<u>X</u> € Sig	A WWW	'lly	Date 15		
0 Title Fee	÷s						
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees		
					Total fees and tax		

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. BCW 46.12.750

We are committed to providing equal access to our services.

If you need accommodation

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