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Skagit County Auditor

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3/6/2015 Page

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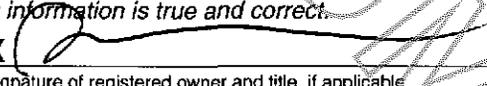
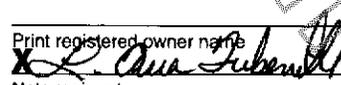


Manufactured Home Application

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.

1 Manufactured Home				
TPO/Plate number @08868	Year 1971	Make SAHARA	Length/Width (feet) 60 X 12	Vehicle identification number (VIN) 2090
2 Land				
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property Tax parcel no. P70991 Legal description on page 94		
Lot The North 1/2 of Block	Block 7	Plat name or Section/Township/Range C.W. Griest's Plat of Gross acre		Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page _____				
County number	No. registered owners 1	No. legal owners 1	Grantee name (if applicable)	
Name of registered owner Yetta Eagleman			Washington driver license or UBI number	
Name of additional registered owner N/A			Washington driver license or UBI number	
Address (Address, City, State, ZIP code) Concrete Wa 1/2 Kani Kennedy Columbia Bank P.O. Box 426 98237				
Name of legal owner Columbia Bank			Washington driver license or UBI number	
Name of additional legal owner			Washington driver license or UBI number	
Address (Address, City, State, ZIP code) P.O. Box 805 Burlington Wa 98233				
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.				
<input checked="" type="checkbox"/>  Signature of registered owner and title, if applicable				
<input checked="" type="checkbox"/> Signature of additional registered owner and title, if applicable				
State of Arkansas , County of Quackto				
Signed or attested before me on March 3, 2015				
by Yetta Eagleman by _____				
Print registered owner name Laura Tuberville			Print registered owner name	
Notary printed or stamped name			Notary signature 	
Title			Dealer/county office number or notary expiration	



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

4 Title Company Certification

PRINT or TYPE Name of person signing	Title company name
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	N/A M/H inspected for site location only
Position	(Area code) Telephone number	
Permit Technician	(360) 336-9410	

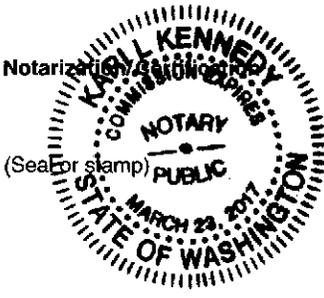
X Lori Anderson 3-6-15
Signature Date

6 Signature of Legal Owner(s)

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

X [Signature] Columbia Bank Assistant MGR
Signature of legal owner and title, if applicable

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

Notarization by  State of WA, County of SKAGIT

Signed or attested before me on March 6, 2015

by Columbia Bank by Karen Zuidema, Rep.
 Print registered owner name Print registered owner name
Kari L Kennedy Kari L Kennedy
 Notary printed or stamped name Notary signature
notary and March 23, 2017
 Title Dealer/county office number or notary expiration

7 Land Description

Legal description of land

The North 1/2 of Block 7th C.W. Guest's Plat of Grasswater 93 pr- plat recorded in Volume 3 of Plats Parcel # P 70991

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

3 Dealer Report of Sale – Selling dealer complete this section					
PRINT or TYPE Dealer name				Washington dealer number	
Date of sale	Purchase price		Tax jurisdiction/Tax rate		
<input type="checkbox"/> 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/VES operator number		
A Lowery			290108		
I certify that the above application appears to be completed correctly, and the applicant has submitted documentation to proceed with the recording of this form.					
X				Signature	
K. Huey				Date	
10 Title Fees					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
					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