	- 0	83			MENT TO:
ж	- 6	89-6		1 11 3K T K	MP-NI 113
			110-0		ME: 1 : 0 :



Skagit County Auditor

\$74.00

4/20/2015 Page

1 of

3 2:49PM

WASHINGTON STATE DEP	ARTMENT OF	Manuf	actured H	ome	Plea	ase check one:
CL LICENS	ING 🥜	A	pplication		_ <del></del>	tle Elimination
For full instructions on structions, form TD		g this form, se	e Manufactured Ho	ome Application	<i>,</i> , , , ,	ansfer in Location emoval from Real Property
Manufacture	d Home		5.	<u></u>		
TPO/Plate number +78328	Year 1985	Make Restw	Length/Width (feet)	Vehicle identif		per (VIN)
2 Land			and the same of th			
Manufactured home will I		al property x parcel no.	125601	_ Legal desc	ription on	page
Lot 3	Block	Plat gan	or Section/Township	Range		Quarter/Quarter section
3 Grantor(s) Re	gistered/	Legal Owne	r(s) – Additional n	ames on page	e	
County number				rantee name (if ap		<del></del>
Name of registered owner	erson				Washir	ngton driver license or UBI number
Name of additional regist	tered owner				Washir	ngton driver license or UBI number
Address (Address, City, 12838 Avo	State, ZIP code	. , , ,	wash	9823	3	
Name of legal owner	,				Washir	ngton driver license or UBI number
Name of additional legal	owner				Washii	ngton driver license or UBI number
Address (Address, City S	State, ZIP code,	)		an on the second		
I declare under per owner(s) of this ma	alty of perju nufactured	iry under the la	ws of the state of foregoing informat	Washington thion is true and	nat l'am/v I correct.	ve are the registered
			X Signature of r	egistered owner a	and title if an	picable
			<u>X</u>			d title, if applicable
Notarization/Certific	ation	State of	NH-	County of	SAV	cel
(Seal or stamp)		Signed or a	tested before me on	terso	13 N/	
			stered owner name		Print ogister X Notary signa	ture Skagil disor
		Title		and .		ty office number or notary expiration
D-420-729 (R/4/12)WA Page	1 of 3					Continued on next_page

Manufactured home TPO/Plate	e number (from Section 1	<u>, + 1800</u>	<u> </u>
4 Title Company Certific	ation		
PRINT or TYPE Name of person signing	·Ġ	Title company name	
			T
Position			(Area code) Telephone number
I certify that the legal description	on of the land and ownersh	ip is true and correct ac	ccording to the real property records.
	<u>X</u>		
	Sign	nature	Date
5 Building Permit Office	Certification_		
I certify that			
the manufactured home has	pr		
a building permit has been is		1 "	
PRINT or TYPE Name of person signin		Building permit office	Building permit number
Position VACK MACURE	116K/	CUNCRETE	(Area code) Telephone number
Position BULLDING OFF	M. S. M. S. M. C.		360 -853 - 8401
HYVLHIII Y F' F		(M) 40 (1)	. 1
	X	M/0/ton	2 3-27-15
	Sign	nature /	Date
6 Signature of Legal Ow	ner(s)	<u></u>	
Signature of legal owner indica	ates consent for Eliminatic	on of Title or Removal f	rom real property.
01g/1.41.41.0 01 10g		A	
	<u>X</u>		
	Sign	nature of legal owner and title	e, if applicable
	<u>X</u>		- X-20 2 0 11 1
	L C	tature of additional legal own	er and title, it applicable
Notarization/Certification	State of UH	, County of	3/100/12
	Signed or attested before	4131	15
	Signed dilattested belon	"IZ" IZAN	
(Seal or stamp)	by Colored owner	JOTTO	rint registered owner than 62nd
	Print registered owner r		Skackboulde
	Notary printed or stamp	8 % **	otary signature Auditor 2901-08
	Title	and A	ealer/county office number or notary expiration
7 Land Description			
Legal description of tails	1-1-1-1-1-1	Driver C	). <b>W</b>
cedar creek	- put, 1012	, 700	~ / N/ 1 2 2 ()
10# 2006/2	290059 B	eirc A portion	of 641 to 20
MT ~		'	
Block			
Du			
			A Comment of the Comm

Manufactured hor	ne TPO/ Plate num	ber (from Section 1	<u>, + 78</u>	328			
	ort of Sale - Sellin		·				
PRINT of TYPE Deale		<u> </u>		Washington dealer	number		
Date of sale	Purcha	ase price	Tax juri	Tax jurisdiction/Tax rate			
☐ Sales Tax Exe	not - Sale to a Cert	ified Tribal member	on the reservation	n (attach notarize	d statement of delivery).		
I certify that this is	nformation is correc	t. The manufacture	d home is clear of	encumbrances e	хсерt as shown.		
Any required sale	s tax hás been coll	ected.					
		¥					
		Dea	ler authorized signatur	e	<del></del>		
9 County Aud	itor/Agent Licer	sing Office App	roval (not for use	e by subagents)			
PRINT O TYPE Name	PRINT of TYPE Name  County office/VE9 operator number						
I certify that the a documentation to	bove application as proceed with the re	x	nted correctly, and	the applicant has	s sufficient Skagil County Auditor 2901-08		
10 Title Fees							
Filing fee	Application	Mobile home (se	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. RCW 46.12.750