RETURN RECORDED DOCUMENT TO:



Skagit County Auditor

\$74.00

4/20/2015 Page

1 of

3 2:49PM

WASHINGTON STATE DEPARTMENT OF	washington state department of Manufactured Home		Please check one:			
LICENSING // Application			☐ Title Elimination			
For full instructions on completing this form, see Manufactured Home Application			Transfer in Location			
Instructions, form TD-420-730.		·	☐ Removal from Real Property			
Manufactured Home						
TPO/Plate number Year	Make Length/Width (feet					
P 67151 1978	(3900 60 X 24	2237	<u> </u>			
2 Land						
	parcel no. 0125608	Legal descript	tion on page			
Lot D Block	Plat name/or Section/Township	Range (PPK	Quarter/Quarter section			
3 Grantor(s) Registered/Legal Owner(s) Additional names on page						
County number No. register		irantee name (if applic	rable)			
Name of registered owner			Washington driver license or UBI number			
Name of additional registered owner	The state of the s		Washington driver license or UBI number			
Address (Address, City, State, ZIP code)	W BUL Wash	98233				
Name of legal owner			Washington driver license or UBI number			
Name of additional legal owner			Washirigton driver license or UBI number			
Address (Address, City State, ZIP code)		The second of				
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 by true and correct.						
X / L						
Signature of registered owner and title, if applicable						
	↑ Signature of	additional registered o	and title, if applicable			
Notarization/Certification	State of U	. County of	A coopy			
	Signed of attested before me or	12/12/12				
(Seal or stamp)	by Print registered owner name	1646120	t registered owner name			
		X	t regisered owner name			
	Notary printed or stamped name	Nota	ary signature Ska Audito 8			
	Title		ler/county office number or notary expiration			

Manufactured home TPO/Plate number (from Section 1) \$ \(\begin{array}{c} \forall \frac{1}{3} \frac{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	d and ownership is true and correct according to the real property records.					
	,					
	<u>X</u>					
	Signature Date					
5 Building Permit Office Certificat	tion					
I certify that						
the manufactured home has been affixed						
	purpose and the attachment will be inspected upon completion.					
PRINT or TYPE Name of person signing ACIC MCLARENICK	Building permit office SUNCRETE Building permit number 14-1072					
Position BUILDING OFFICE	(Area code) Telephone number 360-853-8401					
	x (4M/Clumich 2-27-15					
· ·	Signature Date					
6 Signature of Legal Owner(s)	``/ /)					
Signature of legal owner indicates consen	t for Elimination of Title or Removal from real property.					
	Y STO					
	Signature of legal owner and title, if applicable					
	X // \\					
	Signature of additional legal owner and title, if applicable					
Notarization/Certification State of	WH Sheer					
	· · · · · · · · · · · · · · · · · · ·					
Signe	or attested before the on					
(Seal or stamp) by	Mert 9 Chest 6 V					
Print registered owner name Print registered owner name						
Notar	ry printed or stamped name Notary signature it County And Skanditor					
	830.00					
Title	Dealer/county of the number or notary expiration					
7 Land Description						
Legal description of land	1978 Fleetwood Barryton 24x60 ar creek plat Lot 10					
5/N 2232 ced	ar creek plat Lot 19					
105						
(1500 AC)						

		d/271	51					
Manufactured home TPO/ Plate number (from Section 1)								
8 Degier Report of Sale – Selling dealer complete this section								
PRINT of TYPE Dealer name			Washington dealer number					
Date of sale	Purchase price	Tax jurisdiction/Tax rate						
☐ 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.								
	<u>X</u>							
Dealer authorized signature								
9 County Auditor/Agent	Licensing Office Appr	oval (not for use l	by subagents)					
PRINT or TYPE Name	3							
Leavilly that the chara application to be applicated asymptotic and the applicant has sufficient								
I certify that the above application applicars to be completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.								
documentation to proceed with the recording of this form. Skagit County Auditor								
X 1 1 2901-08								
Signature			Date					
10 Title Fees								
Filing fee Application	Mobile frome 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. RCW 46.12.750