

RETURN RECORDED DOCUMENT TO:



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Skagit County Auditor

\$74.00

4/20/2015 Page

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3 2:49PM



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 <u>\$17301</u>	Year <u>1977</u>	Make <u>SUNBELT</u>	Length/Width (feet) <u>68x24</u>	Vehicle identification number (VIN) <u>72537</u>
2 Land				
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property Tax parcel no. <u>R125610</u> Legal description on page _____		
Lot <u>12</u>	Block	Plat name or Section/Township/Range <u>Cedar Creek</u>		Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page _____				
County number <u>29</u>	No. registered owners <u>150556</u>	No. legal owners <u>1</u>	Grantee name (if applicable)	
Name of registered owner <u>Rob Peterson</u>			Washington driver license or UBI number <u>ROB PEG-09702</u>	
Name of additional registered owner			Washington driver license or UBI number	
Address (Address, City, State, ZIP code) <u>12838 AVON ALLEN RD BURL WASH 98233</u>				
Name of legal owner <u>same</u>			Washington driver license or UBI number	
Name of additional legal owner			Washington driver license or UBI number	
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.				
X <u>[Signature]</u> Signature of registered owner and title, if applicable				
X _____ Signature of additional registered owner and title, if applicable				
Notarization/Certification				
State of <u>WA</u> , County of <u>Skagit</u>				
Signed or attested before me on <u>4/13/15</u>				
by <u>Robert Peterson</u>				
(Seal or stamp)				
Print registered owner name _____				
Notary printed or stamped name _____ and _____				
Title _____ Dealer/county office number of _____ Notary expiration _____				

Manufactured home TPO/Plate number (from Section 1)

\$17301

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

Position

(Area code) Telephone number

JACK MCCORMICK

CONCRETE

15-1087

BUILDING OFFICIAL

360-853-8401

X

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 of legal owner and title, if applicable

X

Signature of additional legal owner and title, if applicable

Notarization/Certification

State of

WA

County of

Skagit

Signed or attested before me on

4/3/15

(Seal or stamp)

by

Robert Peterson

Print registered owner name

Print registered owner name

Notary printed or stamped name

Notary signature

Title

and

Dealer/county office number or notary expiration

7 Land Description

Legal description of land

(0.1400 AC) cedar creek plat Lot 12
including 1977 Golden west/sunnybrook 64x24
serial # 72537

Manufactured home TPO/Plate number (from Section 1)

\$17301

8 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 Howes	County office/VFS operator number 290108
I certify that the above application appears to be completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.	
X Signature K. Hulen	Skagit County Auditor 2901-08 Date 4/3/15

10 Title Fees

Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
					Total fees and tax 0

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