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Skagit County Auditor
7/27/2015 Page

\$74.00
1 of 3 11:05AM



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 072029	Year 1996	Make LEXIN	Length/Width (feet) 48 X 28	Vehicle identification number (VIN) 2T911078IAB	
2 Land					
Manufactured home will be <input type="checkbox"/> Affixed <input checked="" type="checkbox"/> Removed		Real property Tax parcel no. P50488 Legal description on page _____			
Lot	Block	Plat name or Section/Township/Range 32/36/04		Quarter/Quarter section SE NW	
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page _____					
County number 29	No. registered owners	No. legal owners	Grantee name (if applicable)		
Name of registered owner Kris E. Hammond			Washington driver license or UBI number HAMMOKE308LS		
Name of additional registered owner			Washington driver license or UBI number		
Address (Address, City, State, ZIP code) 2436 Kelly RD. Bellingham, WA 98226					
Name of legal owner SAME			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>Kris Hammond</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>			
DEPT. OF LICENSING (Seal or stamp)		Signed or attested before me on <u>7/27/15</u>			
		by <u>Kris Hammond</u>		by <u>Kruler</u>	
		Print registered owner name		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) &072029

4 Title Company Certification

PRINT or TYPE Name of person signing <u>Sharon R. Anthony</u>	Title company name <u>Landtitle and Escrow CO</u>
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 Sharon R. Anthony
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	

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 _____ County of _____
Signed or attested before me on _____
(Seal or stamp) by _____ by _____
Print registered owner name Print registered owner name
Notary printed or stamped name Notary signature
Title and X
Dealer/county office number or notary expiration

7 Land Description

Legal description of land
THE WEST 30 FEET OF THE EAST HALF OF THE SOUTHEAST 1/4 OF THE NORTH WEST 1/4 OF THE EAST 30 FEET OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTH EAST 1/4 OF THE NORTH WEST 1/4 ALL IN SECTION 32 TOWNSHIP 36 NORTH RANGE 2 EAST W.M. SITUATE IN THE COUNTY OF SKAGIT STATE OF WASHINGTON

Manufactured home TPO/Plate number (from Section 1) &072029

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 <u>Howery</u>			County office/VFS operator number <u>290108</u>		
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 <u>Howery</u> Signature				<u>7/27/15</u> Date	
10 Title Fees					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
					Total fees and tax <u>0</u>

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