

Skagit County Auditor

\$74.00

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Continued on next page

ETURN RECORDED	8/26/	8/26/2015 Page 1 of 31					
Emily H. Barrick							
2318 Twin Place	Manage and American						
Anacortes, WA 98	3221						
Million margar Mills							
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	And the second second						
WASHINGTON STATE BEPA	RTHEENT OF	, , , , , , , , , , , , , , , , , , ,	factured		Please chec		
	الاقتصا	er alle en	Application		☑ Title Elimir		
For full instructions on nstructions, form TD		ng this form, s	ee Manutacture	d Home Application	Removal f		roperty
1 Manufacture		+	Alosty	GUART	DIAN NORTHWE		
TPO/Plate number	Year	Make	Length/Width (<u> </u>	ation number (VIN)	JO: IIILL	. 00
	2015	CMH	/ 56 x 2		33RH15 ALB	03547	40RAB
2 Land			The state of the s				
Manufactured home will I		eal property	P59522				
✓ Affixed ☐ Rem		ax parcel no			ption on page 2	Quarter section	
Lot 114	Block		name of Section/Town /line No. 6	nsnip/ Hange	Coarier	Quarier section	111
	gistered			nal names on page			
County number	" 	stered owners	No. legat owners	Grantee name (if app	licable)		
	2		2	Emily H. Barri	_		
Name of registered owner Gordon Janz	er		white the state of		Washington driver		II number
Name of additional regis	tered owner		<i>N</i>		Washington driver		l number
Charlene Janz	reled Owlier			The second secon	TALBECR31		
Address (Address, City, 1414 I Avenue, A					The transpose of the state of t		
Name of legal owner	Thacortes,	, 1111 70221			Washington drive	r license or UE	3) number
Same as above							
Name of additional legal	owner			The second of the second	Washington drive	r license or UE	3I number
Address (Address, City	State, ZIP cod	e)				A.	
I declare under per	nalty of per	jury under the	laws of the state	e of Washington thi	A i am/we are th	é registered	d
owner(s) of this ma	anufactured	home and th	e foregoing infor	mation is true and	correct		ļ
			<u>X _</u>			44	
			Signatur X	of registered owner an	d title, if applicable)
	_		Signatur	e of additional registered	owner and title, if ap	plicable	Δ
Notarization/Certific	efficia	State of _	WA	, County ofS	kagit (
Notarization Acertific	EXP Y	Signed o	attested before m	e on <u>Augus</u> t	21, 2015		
(Seel or stamp)OTAI	RY &) _{Co} ,	don Janz		Charlen	e Janz	
		Printro	egistered owner name cki L. Hoffi	by _	fint registered owner	name I	
Vol. PUBL		/ V10	ck1 L. Hoff:	nam (otary signature	-1 27///	man
10-08-			printed or stamped r ary	and	otary signature /8/	17 VV	
18~		T <u>itle</u>		D	ealer/county office nu	imber or notar	y expiration

TD-420-729 (R/545)WA PWAS

Title Company Certific	cation	tion 1)		
PRINT or TYPE Name of person signi		Title company		······································
Vicki L. Hoffman		Northwest Title		
Position LPO				e) Telephone number 93-5423
l certify that the legal description	on of the land and owr	x Dub Signature	\times 11 11	o the real property records. Out Date
Building Permit Office	Certification		<i></i>	
certify that I the manufactured home ha a building permit has been it PRINT or TYPE Name of person signi	ssued for this purpose		will be inspected u	ipon completion. ermit number
Grocsohctaer	Egree	City of A	na cerics	BLD-2015-01:
Position Ruilding Insp	ector			e) Telephone number 293 – 190 <u>1</u>
, , , , , , , , , , , , , , , , , , ,		Signature 7	yne.	8/18//5 Date
Signature of Legal Ow	vner(e)		<u></u>	
Signature of legal owner indic			1.6	
	a de la companya de	Signature of legal own	er and title, if applicab	0
		Signature of additiona	l legal owner and title,	f applicable
Notarization/Certification	State of	, Court	y of	
	Signed or attested	before me on		· · · · · · · · · · · · · · · · · · ·
(Seal or stamp)	by Print legal owner	name	by	per name
	Notary printed or	stamped name	Notary signat	dre
	Title		and Dealer/count	office number or notary expiration
Land Description				
egal description of land				
Lot 114, "SKYLINE NO. 67A, inclusive, records of			orded in Volum	e 9 of Plats, pages 64 to

wanteractured nome i PO/Plate number (#OM Section 1)										
number 4953										
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.										
Dealer sufficized signature Manager										
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)										
S. KIVO 290133 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. Solution										
Signature 2007 Date										
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