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	Skagit County Auditor \$74
RETURN RECORDED DOCUMENT TO:	8/31/2015 Page 1 of 3 11:21A
SaviBank	\
1854 S. Burlington Blvd.	
Burlington, WA 98233	
152576-0E KA	
	
Land Title and Escrow	
WASHINGTON STATE DEPARTMENT OF Manufactured LICENSING Application	
For full instructions on completing this form, see Manufacture	
Instructions, form TD-420-730.	Removal from Real Property
1 Manufactured Home	
TPO/Plate number Year Make Length/Width (,
2015 FLEETWOOD 28 x 4	8 FLE2100R15-16668AB
Manufactured home will be Real property R63286	
Affixed Removed Tax parcel no.3869-009-00	08-0007 Legal description on page 2
Lot Block Plat name or Section Town 8	nship/Range Quarter/Quarter section
- Oupe not a on t	the Skagit Div 2
Grantor(s) Registered/Legal Owner(s) Addition County number No. registered owners No. legal owners	Grantes on page
4 (Four) 1 (one)	Grante (ii, approasse)
Name of registered owner Brown, Mario M. and Jodee A.	WA Driver license or UBI number
Name of additional registered owner	WA Driver license or UBI number
Brown, Kyle R. and Tiffanee	
Address (Address, City, State, ZIP code) 23932 N. Westview Road, Mount Vernon,	174 09274
Name of legal owner	
SaviBank	WA Driver license or UBI number
Name of additional legal owner	WA Criver license or UBI number
Address (Address City State, ZIP code) 1854 S. Burlington Blvd., Burlington,	TIA 00000
I declare under penalty of perjury under the laws of the state	WA 98233
owner(s) of this manufactured home and the foregoing inform	mation is true and correct.
V	= 11 2 table
Signatura	of registered owner and titles it applicable
X	THE THE PARTY OF T
Signature	e of additional registered owner and title, if applicable
Notarization/Carthanhill, State of Washington	, County of Skagit
Signed or attested before me	ann June 5, 2015
Mario M. Brown	Kyle R. Brown
(Seal of Standard A. Brown	by Tiffanee Brown
Print registered owner name Kerry L. Larso	
Notary printed or stamped na	ame Notary signature
Notary	and
Title	Dealer/county office number or notary expiration

Continued on next_page

Manufactured home TPO/Plate number (from Section 1) 4 Title Company Certification PRINT or TYPE Name of person signing Title company name Donald R. Gregory Land Title and Escrow Company Position (Area code) Telephone number Title Officer (360)707 - 2158I certify that the legal description of the land and ownership is true and correct according to the real property records. Sionalure Date 5 Building Permit Office Certification 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 021 6 Signature of Legal Owner(s) Signature of legal owner indicates consent for Elimination of Title or Removal from real property. Signature of additional legal owner and title, if applicable State of Washington, County of Skagit 2015 Signed or attested before me on by JEREMY MCCULLOUGHOU Print legal owner name TAWNYA SMITH Notary printed or stamped name Notary Dealer/county office number or nolary expiration Land Dapprintier Legal description of land Lot 8, Block 1, "CAPE HORN ON THE SKAGIT DIVISION NO. 2," as per plat

Lot 8, Block 1, "CAPE HORN ON THE SKAGIT DIVISION NO. 2," as per plat recorded in Volume 9 of Plats, pages 14 through 19, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

		iber (Irom Section 1)				
3 /Dealer Repor	t of Sale – Sell	ng dealer complete t	his section			
PRINT or TYPE Dealer name				Washington dealer number		
Coach Corral, Inc.				4278		
Date of sale Purchase price				Tax jurisdiction/Tax rate		
4/30/2015 //	54,	900.00	2929	2929 / 8.5%		
☐ Sales Tax Exem	pt≏ Sale to a Ce	tified Tribal member	on the reservatio	n (attach notarized	d statement of delivery).	
I certify that this in	formation is corre	ct. The manufactured	l home is clear of	f encumbrances ex	xcept as shown.	
Any required sales	tax has been col	lected.				
4		¥	CRRW-	Ceson	ن	
			er authorized signatur			
9 County Audit	or/Agent Lice	nsing Office Appr	oval (not for us	e by subagents)	· · · · · ·	
PRINT OF TYPE Name County office/VFS operator number						
Your Vang 29				101-25		
I certify that the ab	ove application a	ppears to be complet	ted correctly, and	the applicant has	sufficient	
documentation to p	proceed with the i	ecording of this form		_		
	*	X	A	& Digo	165 \$31/15	
		Sign	ature U		Date	
0 Title Fees						
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees	
L					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. ReW 46.12.750