RETURN RECORDED DOCUMENT TO:	201609230091	
Mr. Keith S. Johnson	Skagit County Aud	
1633 Grand Avenue	9/23/2016 Page	1 of 311:53AM
Mount Vernon, WA 98274		
CHICAGO TITLE 620028729		
WASHIRGTON STATE DEPARTMENT OF Manufactured House LICENSING Application	▼Title Elim	
For full instructions on completing this form, see Manufactured H Application Instructions, form/TD-420-730	,me	from Real Property
Manufactured Home		
Title purpose only (TPO)/Plate no. Year Make Length/Width 2016 FLEET 48 X		
2 Land	11 1 al/00 but	0017
Manufactured home will be Real property D54852	1 N. Lavertin	e ka.
Manufactured home will be Real property Tax parcel no. 254862	Legal description on page _	
Lot Block Plat name or Section Township/ 2 Purcell's Tracts	Range Quarter	n/Quarter section
3 Grantor(s) Registered/Legal Owner(s) Additional n	mes on page	
County no. No. registered owners No. legal owners Gr	ntee name (if applicable)	
	eith S. Johnson	as France as UDI as
Name of registered owner Keith S. Johnson	vvasnington drivi	er license or UBI no.
Name of additional registered owner	Washington driv	er license or UBI no.
Address (Address, City, State, ZIP code)		
1633 Grand Avenue, Mount Vernon, WA 98274		
Name of legal owner	Washington driv	er license or UBI no.
Same as Registered Owner		av Kaanaa au (101 ma
Name of additional legal owner	washington driv	er license or UBI no.
Address (Address, City State, ZIP code)		
I certify under penalty of perjury under the laws of the state of W		e registered
owner(s) of this manufactured home and the foregoing informati	n is true and correct.	
9/14/20/6 Mint Vorum Date and place (city or county) signed Registered owner si	matere Tit	le if signing for a business
X		and the same of th
Date and place (city of spunty) signed Registered owner si	Crant	le, if signing for a business
MMISSIGN A.	County of	
Signed or attested before me on	September 14th 2016	
by Keth J. Johnson	by Keith S.	lohnson /
Print registered owner name	Print registered over	emume /
Notary privited or stamped name	Notary signature	'/ (/1)
Notary printed or stamped name Notary public Title		number or notary expiration
TD-420-729 (RIAN BMA Page 1 of 3	C	Continued on next page

Manufactured home TPO/Plate number (from Section 1) FLE 210 OR 16 - 17384AB Title Company Certification PRINT of TYPE Name of person signing Title company name Position (Area code) Telephone no. I certify that the legal description of the land and ownership is true and correct according to the real property records. Date Signature 5 Building Permit Office Certification Xthe 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 no. 2016 - 787 (Area code) Telephone no. (360) 336-6214 6 Signature of Legal Owner(s) Signature of legal owner indicates consent for Elimination of Title or Removal from real property. Legal owner signature Title, if signing for a business Legal owner signature Title, if signing for a business Notarization/Certification State of ___ County of . Signed or attested before me on (Seal or stamp) Print legal owner name Print legal owner name Notary printed or stamped name Notary signature Title Dealer county office number or notary expiration 7 Land Description Legal description of land Lot 2, ASSESSORS PLAT OF PURCELL'STRACTS, according to teh plat thereof recorded in Volume 9 of Plats, page 105, records of Skagit County, Washington. EXCEPT the West 10 feet thereof as conveyed to the City of Mount Vernon by deed recorded under Auditor's File No. 8707160022, records of Skagit County. Situate in Skagit County, Washington.

Manufactured home TPO/Plate number (from Section 1) FLE2100R 16-17384AB B Dealer Report of Sale - Selling dealer complete this section Date of sale Sales Tax Exempt - Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). I certify under penalty of perjury under the laws of the state of Washington that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected. Dealer authorized signature 9 County Auditor/Agent Licensing Office Approval (not for use by subagents) County office/VFS operator no. PRINT or TYPE Name Vang 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 9-23-16 Sign**at**ure 10 Title Fees Subagent fees Use tax Filing fee Elimination fee Application Mobile home fee 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