RETURN RECORDED DOCUMENT TO:				201612300012		
				kagit County Auditor /30/2016 Page		\$1 3 10:04
washington state of LICENS For full instructions Application Instru	SING on completing ti	Appli nis form, see Man	ured Home ication utactured Home	☑Title E ☐Transf	check one: limination er in Location val from Real	
Manufacture	d Home	- Control of the Cont				
Title purpose only (TPC %80947)/Piate no Year 1984	Make FL/TWD	Length/Width (feet)	Vohicle identification no. 1DFL2AD36040		
2 Land						
Manufactured home will Affixed Ren	noved Tax p	eperty arcel no. 1768541	lLega	al description on pag	e	
(CO) 1H	Block	Plat name or Se	chion/Township/Range	el Tracta	uter/Quarter secti	on
3 Grantor(s) R	egistered/Le	gal Owner(s) =	Additional names of	on page		
County no.	No. registere 2	d owners No legal	I owners Grantee na	me (if applicable)		
Name of registered own			- PAIR	PICIE O'LEA!	driver license or U	Bì no
O'LEARY,SEA				DIFA	RSP253	Δi
Name of additional regis				Washington	triver license or U	Bl no.
O'LEARY,COL				OLEA	RCA 273	37E
Address (Address, City, 24423 S SKAGI		EDRO WOOLL	FY WA 98284	The second secon		
Name of legal owner				Washinglon	driver license or U	Bino.
Name of additional legal COLLECT Address (Address, City)				*Washington o	driver license or U	Bi no.
		aGIT H	يز كرز		:	
I certify under pena	ilty of penury ur	der the laws of th	e state of Washing	tori that I and we are	the registered	
owner(s) of this me	inufactured hom	e and the foregoil	ng information is tru	ie and complet		
12/23/16 2	RAGIT (<u> </u>)car	LOTE S		
Date and place (city, one	PUB.	Regis	stered owner signature		Title, it signing for	a business
Date and place only and	bunty) signed	- 1000 i-	stered owner signature	Sunn	Title, it eigning for	a business
Notarization/Certific	ALLONGST .	State of WASC	11 1) County			_
COMM		Signed or attested b	pefore me on 126	k3[10		
(Seal or stamp) NOV	13, 2010	oy Stan o	Leary	by		
	13, 2018	Print registered own	nername M GunGt	Print registered own	Ter name Curd	X)
Think OF	WASH			Notary signature	R *	*
*********	HIRIGAL.	Title		andDealer/county office	<u> </u>	<i>-</i>

TD-420-729 (R/B/16)WA Page 1 of 3

Continued on next page

Manufactured home TPO/Pla		ion 1) <u>%80947</u>		
Title Company Certif	ication	THE RESERVE THE PARTY OF THE PA		
PRINT or TYPE Name of person sign		Title company name		
Posisión		1	(Area code) T	elephone no.
I certify that the legal descript	tion of the land and own	ership is true and correc	according to the	ne real property records.
		ature		Date
Building Permit Offic	Certification			
certify that the manufactured home by	as been affixed to the re	eal property as describe	ed.	
a building permit has been PRINT or TYPE Name of person sign	issues or this purpose a	and the attachment will be Building permit, office		
UZ Pervon		SKAWT	MIC	<u>0 - 00 00 0 </u>
	<u>C-00</u>		(Area code) To	HU- 1320
	Sign	ature A		12 23/14
Signature of Legal Ov	vner(s)			
Signature of legal owner indic	ates consent for Elimin	ation of Title or Remova	al from real proc	ertv.
		C Da	·	
	X	Som ! ()	La	merial be a
	Lega X	owner signature		Title, if signing for a business
	Lega	owner signature		Title, if signing for a business
Notarization/Certification	State of	County of		
	Signed or attested b	efore me on		And the second s
(Seal or stamp)	by	bv	gypterntestad autoritiestad	
	Print legal owner na	awe	rint legal owner r	ame
	Notary printed or st	amped name	Notary signature	
	Title	and	Dealer/county offic	e number or notary expiration
Land Description				- namour or dividity expiration
egal description of land		***		
INC M/H DFLAD360403	557 FLEETWOOD 8	34 56/28 LOT 14 RO	D AND REEL	TRACTS
			The state of the s	
			*	
			•	
				~ ///

		umber (from Section 1		•••		
Dealer Rep	ort of Sale – S	elling dealer complete	this section	***************************************		
PRINT or TYPE Deale		Washington dealer no.				
Purchase price			Tax jui	Tax jurisdiction/Tax rate		
	* *				ed statement of delivery).	
I certify under pa manufactured ha	nally of perjury u	inder the laws of the sta cumbrances except as	ate of Washingto shown. Any requ	n that this informa iired sales tax ha	ation is correct. The s been collected.	
Date and place (city ರ			horized signature			
County Aug	itor/ Agent Lic	ensing Office Appr				
PRINT or TYPE Name County office/VFS operator no.						
I certify that the a documentation to	bove application proceed with the	appears to be complet recording of this form,	ed correctly, and	the applicant has	s sufficient	
	**************************************	Signature	stule	Щ	12/30/16	
0 Title Fees					<u> </u>	
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees	
					Total lees and lax	

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