

Skagit County Auditor 4/3/2017 Page

1 of

\$75.00 3 10:36AM

RETURN RECORDED DOCL	JMENT TO:			
First American Title				
2707 Colby Ave #601	· · · · · · · · · · · · · · · · · · ·			
Everett WA 98201				
The second secon		_		
	······································			
WASHINGTON STATE DEPARTMENT LICENSID	ext <u>or</u> Manu	factured H	ome	Please check one:
CL LICENSID	JG p	pplication		▼ Title Elimination
	_	- F F		Turnefer in Leasting
For full instructions on completing	this form see Manuf	actured Home Appli	ration	Transfer in Location
Instructions, form TD-420-730.	una om, see manan	истеч поте жррт		Removal from Real Property
1 Manufactured Home	The state of the s		GU	ARDIAN NORTHWEST TITLE CO.
TPO/ Plate number Year	Make Ler	igth/ Width (feet)		lentification number (VIN) 111704
2017	4 - \	48 X 28	i .	2100R1617890AB
2 Land		10 11 20	<u>; </u>	ETOOKTOTTOSOAB
Manufactured home will be	Real property			· · · · · · · · · · · · · · · · · · ·
X Affixed Removed	Tax parcel no. 3	5062230010500 Li	anal docor	intion on page 7
		465		
Lot Block		or Section/ Townsh	p/ Range	Quarter/ Quarter section
3 Grantor(s) Registered/ L			age	120 310
	egistered owners	No, legal owners		name (if applicable)
7 7 7	egistered owners	1	Grantee	That is applicable
Name of registered owner	<		w	/ashington driver license or UBI number
Kirk A. Anderson				
Name of additional registered own	ner		A W	ashington driver license or UBI number
Address (Address, City, State, ZIF 9989 Elwick Lane, Sedro Woolley,				
Name of legal owner		The same of the sa		/ashington driver license or UBI number
1st Security Bank		A STATE OF THE PARTY OF THE PAR	and the same	
Name of additional legal owner			// w	/ashington driver license or UBI number
Address (Address, City State, ZIP	code)			Market Ma
6920 220th St SW, Mountlake Ter	race WA 98043		The second secon	
I declare under penalty of per	jury under the laws	of the state of V	/ashingtor	that I am/ we are the registered
Owner(s) of this manufactured	i nome and the for	egoing intormatio	n is upie a	majcorreed.)
		$(\mathbf{X}) \mathbb{Z}_{2}$	Ki	
}		-	egistered ow	ner and title, if applicable
		X		
		Signature of a	dditional reg	istered owner and title, if applicable
Notarization Certification	State of WA	, Cou	nty of	SKAGITA
OF USSION EXOLU	Signed or attested be	rore me on) (II) ILL	ury in a care
(See Toy alamp) NOTARY	by Kirk A. Anderson		by	
O NOTARY W	Print registered o	wner name	Prir	nt registered owner name
PUBLIC S	Traceu	m brow	<u>n</u> 🕢	Machin Marielles 12
\ \ \ \ \ 07-23-2019 / \C /	Notary printed or	stamped name	Not	tary signature 17103 to 016
07-23-2019 OF WASHING	Notary Title		and	aler/ county office number or notary expiration

TD-420-729 (R/5/15) WA Page 1 of 3

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 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. Signature Date 5 Building Permit Office Certification ertify 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 LORI ANDERSON SKAGIT COUNT 6 Signature of Legal Owner(s) Signature of legal owner indicates consent for Elimination of Title or Removal from real property. SHELBI EARP Netary Public, State of Washington My Commission Expires May 26, 2017 e of additional legal owner and title, if applicable Notarization/Certification State of WA Signed or attested before me on (Seal or stamp) by 1st Security Bank Print registered owner name Notary printed or stamped name Notary signature Notary Title Dealer/county office number or notary expiration 7 Land Description Legal description of land See attached

TD-420-729 (R/5/15) WA Page 2 of 3

Continued on next page

result actured flome froy Flate number (non-section 1)						
Dealer Report of Sale - Selling dealer complete this section						
PRINT OF TYPE Dealer name Washington dealer number Washington dealer number						
Date of sale Purchase price Purchase price Tax jurisdiction/ Tax rate 200/8,1%						
Sales Tax Exempt Sale to a Certified Tribal member on the reservation (attach notarized statement of	f delivery).					
I certify that this information is correct. The manufactured home is clear of encumbrances except as shown. A tax has been collected.	Any required sales					
X Dealer authorized signature	>					
9 County Auditor/ Agent Licensing Office Approval (not for use by subagents)						
PRINT or TYPE Name County office/ VES operator number	· 					
I certify that the above application appears to be completed correctly, and the applicant has sufficient docume with the recording of this form.	entation to proceed					
* Lillery 29010843						
Salution Control of the Life Control of the Li						
10 Title Fees						
Filing fee Application Mobile home fee Elimination fee Use tax	Subagent fees					
	Total fees & 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

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3770 or TTV (360) 664-0116.

TD-420-729 (R/5/15) WA Page 3 of 3