



201708230084

Skagit County Auditor

8/23/2017 Page

1 of

3 3:42PM

\$76.00

RETURN RECORDED DOCUMENT TO:

**Manufactured Home Application**For full instructions on completing this form, see **Manufactured Home Application Instructions**, form TD-420-730.**Please check one:**

- ☒ Title Elimination
☐ Transfer in Location
☐ Removal from Real Property

1 Manufactured Home				
Title purpose only (TPO)/Plate no. 809175	Year 1987	Make BARR	Length/Width (feet) 66 X 28	Vehicle identification no. (VIN) WAFL2AF52316538
2 Land				
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property Tax parcel no. P49909 Legal description on page _____		
Lot	Block	Plat name or Section/Township/Range U-3 S/P 66-78		Quarter/Quarter section 25 36 4
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page _____				
County no. 29	No. registered owners 1	No. legal owners	Grantee name (if applicable)	
Name of registered owner SOUTHERLY, CYNTHIA M			Washington driver license or UBI no.	
Name of additional registered owner 4803 BLANK RD SEDRO WOOLLEY WA 98284			Washington driver license or UBI no.	
Address (Address, City, State, ZIP code)				
Name of legal owner			Washington driver license or UBI no.	
Name of additional legal owner			Washington driver license or UBI no.	
Address (Address, City, State, ZIP code)				
I certify under penalty of perjury under the laws of the state of Washington that I am/we are the registered owner(s) of this manufactured home and the foregoing information is true and correct.				
Date and place (city or county) signed 8/22/17		Registered owner signature X Cynthia Southerly		
Date and place (city or county) signed		Registered owner signature X		
Notarization/Certification		State of WA, County of Skagit		
Signed or attested before me on 8/22/17		Cynthia Southerly		
(Seal or stamp)		by Cynthia Southerly Print registered owner name		
		by Print registered owner name		
		Notary printed or stamped name Agent		
		Notary signature 290108		
		Title and Dealer/county office number or notary expiration		

Manufactured home TPO/Plate number (from Section 1) &09175

4 Title Company Certification		
PRINT or 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.		
X Signature		Date
5 Building Permit Office Certification		
I certify that <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> 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.
LORI Anderson	Skagit Co.	18154
Position	(Area code) Telephone no.	
PERMIT TECHNICIAN	360-416-1320	
X Signature		Date
Lori Anderson		8/23/17
6 Signature of Legal Owner(s)		
Signature of legal owner indicates consent for Elimination of Title or Removal from real property.		
X Legal owner signature		Title, if signing for a business
X Legal owner signature		Title, if signing for a business
Notarization/Certification		
State of _____, County of _____		
Signed or attested before me on _____		
(Seal or stamp)	by _____	by _____
	Print legal owner name	Print legal owner name
	Notary printed or stamped name	Notary signature
	Title	and X Dealer/county office number or notary expiration
7 Land Description		
Legal description of land Lot 3 of Shovel Plat 166-78 25/36/4		

Manufactured home TPO/Plate number (from Section 1) &09175

8 Dealer Report of Sale – Selling dealer complete this section					
PRINT or TYPE Dealer name				Washington dealer no.	
Date of sale	Purchase price		Tax jurisdiction/Tax rate		
<input type="checkbox"/> 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.					
Date and place (city or county) signed			X Dealer authorized signature		
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)					
PRINT or TYPE Name <u>Kluwey</u>			County office/VFS operator no. <u>290118</u>		
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.					
X Signature			Date		
10 Title Fees					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	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