201912180129 12/18/2019 01:35 PM Pages: 1 of 4 Fees: \$106.50 Skagit County Auditor

Name & Return Address: First American Title 2707 Colby Avenue Ste 601 Everett, WA 98201

Washington State Recorder's Cover Sheet (RCW 65.04) Please print legibly or type information.

Document Title(s) Manufactured Home Application			
Grantor(s) Washington State GUARDIAN NORTHWEST TITLE CO.			
19-1672			
Additional Names on Page of Document			
Grantee(s) Heather Haggard			
Additional Names on Page of Document			
Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)			
Ptn Government Lot 1 1-34-9			
Complete Legal Description on Page of Document			
Auditor's Reference Number(s)			
Assessor's Property Tax Parcel/Account Number(s) P31012, P126492, P123131			
Non Standard Fee \$50.00			
By signing below, you agree to pay the \$50.00 non standard fee.			
I am requesting an emergency non standard recording for an additional fee as provided in			
RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.			
obscure some part of the text of the original document.			
Cincature of Posts Possestine New Stead and Possestine			
Signature of Party Requesting Non Standard Recording			
NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements.			
The Auditor/Recorder will rely on the information provided on this cover sheet.			
Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.			

N:\Recording\Forms\RecordingCoverSheet.docx Rev 7/14

RETURN RECORDED DOCUMENT TO:

First American Title Insurance Co. 2707 Colby Avenue, Suite 601 Everett, WA 98201

WASHINGTON STATE DEPARTMENT OF LICENSING

Instructions, form TD-420-730. 1 Manufactured Home

Manufactured home will be

Name of registered owner

Name of additional registered owner

Address (Address, City, State, ZIP code)

Address (Address, City State, ZIP code)

Date and place (city or county) signed

Date and place (city or county) signed

Notarization/ Certification State of

KELLY A. TOWNSEND

NOTARY PUBLIC STATE OF WASHINGTON 2

COMMISSION EXPIRES

JULY 21, 2019

54105 Rockport Cascade Road, Rockport, WA 98283

1.2019 Omak

2 Land

X Affixed

County no.

Heather M Haggard

Name of legal owner

Name of additional legal owner

Lot

Lot 2

Title purpose only (TPO)/ Plate no

Removed

Block

Manufactured Home Application

No. legal owners

X

Signed or attested before me on

totary printed or stamped name

Motary

Title

Make

Clau

Year 2019

Real property

3 Grantor(s) Registered/ Legal Owner(s) – Additional names on page

No. registered owners

Tax parcel no.

Please check one: ▼ Title Elimination Transfer in Location For full instructions on completing this form, see Manufactured Home Application Removal from Real Property 19-1672 GUARDIAN NORTHWEST TITLE CO. Length/ Width (feet) Vehicle identification no. (VIN) ALB0388130RAF P31012, P126492, P123131 Legal description on page 2 Plat name or Section/ Township/ Range Quarter/ Quarter section Skagit County Short Plat No. PL03-0772 Grantee name (if applicable) N/A Washington driver license or UBI no. I declare 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. attum Title, if signing for a business Registered owner signature Title, if signing for a business Print registered owner name

TD-420-729 (R/8/16) WA Page 1 of 3

Dealer/ county office number or notary expiration Continued on next page

210016



	e number (From Section	
4 Title Company Certificat		1
PRINT or TYPE Name of person sign		Title company name First American Title Insurance Company
Position Mobile Home Department		(Area code) Telephone no. (360)3550-6758
I certify that the legal description	n of the land and owners!	ship is true and correct according to the real property records.
		11/6 1 1 7 0
		x (11/4)
		Signature Date
5 Building Permit Office Co	ertification	
the manufactured home has	s been affixed to the real	I property as described.
	• •	and the attachment will be inspected upon completion.
PRINT or TYPE Name of person sign		Building permit office Building permit no.
Position PERMIT JECH	HICIAH	(Area code) Telephone no.
		* Jane De Male 12/13/19 Signature Date 12/13/19
6 Signature of Legal Owner	er(s)	
		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 be	
(0.1)		
(Seal or stamp)	by	by
	Print legal owner na	ame Print legal owner name
	Notary printed or sta	tamped name Notary signature
	Hotaly printed or see	
		and X
	Title	Dealer/county office number or notary expiration
7 Land Description		
Lot 2 of Skagit County Short Plat	No. PL03-0772, recorded agton; being a portion of 4 in Section 6, Township	nty of Skagit, State of Washington, and is described as follows: ad August 23, 2004, under Auditor's File No. 200408230150, ad Government Lot 1 in Section 1, Township 34 North, Range 9 and Anorth, Range 10 East. W.M.
l		

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Continued on next page



Manufactured home TPO/Plate number (from Section 1)	
Dealer Report of Sale – Selling dealer complete this section	
PRINT or TYPE Dealer name Homes Direct of Washington LLC Washington dealer no. 4953	
April 16,8019 \$136,012.78 Tax jurisdiction/Tax rate 8.5%	
Sales Tax Exempt – Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery	1).
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 Date and place (city or county) signed	_
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)	
PRINT or TYPE Name County office/VFS operator no.	
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. 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