



202009040116

09/04/2020 03:05 PM Pages: 1 of 3 Fees: \$105.50 Skagit County Auditor

RETURN RECORDED DOCUMENT TO:

Stephen C. Schutt
P. O. Box 1032
Anacortes, WA 98221



Manufactured Home Application

Please check one:

- Title Elimination
Transfer in Location
Removal from Real Property

For full instructions on completing this form, see Manufactured Home Application Instructions, form TD-420-730.

1 Manufactured Home
2 Land
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page
Title purpose only (TPO)/Plate no.
Year
Make
Length/Width (feet)
Vehicle identification no. (VIN)
Manufactured home will be
Real property
Tax parcel no.
Legal description on page
Lot
Block
Plat name or Section/Township/Range
Quarter/Quarter section
County no.
No. registered owners
No. legal owners
Grantee name (if applicable)
Name of registered owner
Washington driver license or UBI no.
Name of additional registered owner
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
Registered owner signature
Title, if signing for a business
Notarization/Certification
State of
County of
Signed or attested before me on
by
by
Notary printed or stamped name
Notary signature
Title
Dealer/county office number or notary expiration

Manufactured home TPO/Plate or Vehicle Identification (VIN) number +996415

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.

Mark Lijek Signature July 30, 2020 Date

5 Building Permit Office Certification

I certify 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 <u>Groce Tyrone</u>	Building permit office <u>City of Anacortes</u>	Building permit no. <u>BCD-2015-0136</u>
Position <u>Building Inspector</u>	(Area code) Telephone no. <u>360-293-1902</u>	

Groce Tyrone Signature 8/7/2020 Date


6 Signature of Legal Owner(s)

Signature of legal owner indicates consent for Elimination of Title or Removal from real property.

Mark Lijek Legal owner signature Title, if signing for a business

Cora K. Amburn-Lijek Legal owner signature Title, if signing for a business

Notarization/Certification

(Seal of stamp) 

State of Washington, County of Skagit

Signed or attested before me on July 30, 2020

by Mark Lijek Print legal owner name by Cora Amburn-Lijek Print legal owner name

Shelly L. Ewing Notary printed or stamped name Shelly L. Ewing Notary signature

Notary Title and Dealer/county office number or notary expiration

7 Land Description

Legal description of land

The East Half of Lot 15, all of Lots 16 and 17, Block 14, BEAL'S MAPLE-GROVE ADDITION TO THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, page 19, records of Skagit County, Washington. Survey AF# 200211120233.

Manufactured home TPO/Plate or Vehicle Identification (VIN) number +996415

3 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 Yona Vang			County office/VFS operator no. VLR 2901		
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				9-4-2020 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