## **202106070135**06/07/2021 02:58 PM Pages: 1 of 3 Fees: \$105.50

Continued on next page

RETURN RECORDED DOCUMENT TO:

| PER .                   |  |                | Ma          | nufac          | ture         | d Hon            | 10            | Plea         | ase check one:   |
|-------------------------|--|----------------|-------------|----------------|--------------|------------------|---------------|--------------|--|
| WASHINGT                | ENS  | MINICIAL DI    | IVICI       |                | licat        |                  | IC            | _            | le Elimination   |
| For full instructions   |  |                | orm s       |                |              |                  |               |              | ansfer in Location   |
| Application Instruct    |  |                |             | ee <u>manu</u> | iaciuiei     | <u>a i ioine</u> |               |              | emoval from Real Property  |
| 1 Manufacture           | ed Home  | <b>B</b>       |             |                |              |                  |               |              |  |
| Title purpose only (TPC | D)/Plate no.   | Year           | Make        | -              | Length/      | /Width (feet)    | Vehicle id    | entification | on no. (VIN)   |
| 29612                   |  | 1980           | Mo          | duline         | 64           | <b>x</b> 28      | 95118         |              |  |
| 2 Land                  |  |                |             |                |              |                  |               |              |  |
| Manufactured home wi    |  | Real proper    | ty          | 125600         |              |                  |               |              |  |
| Affixed 🗹 Rer           | noved  | Tax parce      | el no       | 125600         |              | Lega             | ıl descrip    | tion on      | page _2  |
| Lot                     | Block  |                | Plat n      | ame or Sec     |              | ship/Range       |               |              | Quarter/Quarter section  |
| 2                       |  |                |             | DAR CR         |              |                  |               |              |  |
| Manufactured home ph    | ysical locati  | on (Street add | iress, C    | ity, State, Z  | IP code)     |                  |               |              | Is location mobile home park?  |
| 45253 ROBERT            | SON CO   | OURT #2        | CON         | CRETE,         | WA. 9        | 8237             |               |              | ☐ Yes 🗹 No   |
| 3 Grantor(s) R          | egister  | ed/Legal       | Own         | er(s) - /      | Addition     | al names o       | n page _      |              |  |
| County no.              | No.  | registered ow  | ners        | No. legal      | owners       | Grantee nar      | ne (if applic | able)        |  |
| _ 29                    | 2  |                |             | 2              |              |                  |               |              |  |
| Name of registered own  | ner  |                |             |                |              |                  |               | T v          | Vashington driver license or UBI no.   |
| KEITH PADGE             | ETT  |                |             |                |              |                  |               | 1            | WDL7NR44813B   |
| Name of additional regi | istered owne   | er             |             |                | Ov           | vnership – Joir  | nt tenants w  | /right V     | Vashington driver license or UBI no.   |
| SYLVIA ANNE             | PADGE  | ETT            |             |                | ( <b>J</b> ) | survivorship [   | ∐Yes 🗆        | No '         | WDL34BSD123B   |
| Address (Address, City  | , State, ZIP   | code)          |             |                |              |                  |               |              |  |
| 15472 BOW HI            | LL RD I  | BOW, WA        | . 982       | 32-8608        |              |                  |               |              |  |
| Name of legal owner     |  |                |             | _              |              |                  |               | V            | ashington driver license or UBI no.  |
| SAME AS ABO             | VE   |                |             |                |              |                  |               |              |  |
| Name of additional lega | al owner   | -              |             |                | -            |                  |               | N            | /ashington driver license or UBI no.   |
| Address (Address, City  | State 710  |                |             |                |              |                  |               |              |  |
| Address (Address, City  | State, ZIP (   | coae)          |             |                |              |                  |               | 4            |  |
| I certify under pen     | alty of pe   | rjury under    | the la      | aws of the     | state o      | of Washing       | on the        | am/we        | are the registered   |
| owner(s) of this m      | anufactur  | ed home a      | nd the      | foregoin       | g inforg     | pation & tru     | ue antico     | rrect.       | , and the second |
| 1.17 121                | mti  | lamo           | $\sim$      | X_             | - TH         |                  | <b>5///</b> - |              |  |
| Date and place (city or | _:   |                |             | Regie          | tered own    | er signature     |               |              | Title, if signing for a business   |
| 617/21                  | MATI   | emm            |             | ΧČ             | l            | ككمت             | tac           | Ca-          |  |
| Date and place (city or | county) sign   | ed             |             | Regis          | tered own    | er signature     |               | Λ-           | Title, if signing for a business   |
| Netarization/Ost        | cation   | Stat           | e of        | NA             | _ ( '        | , County         | of SV         | 1 Deal       |  |
| NTMEN                   | THE STATE OF THE PARTY OF THE P |                |             |                |              | í                | وأداه         | 10           |  |
| SONEMBEA , Sto          |  | Sign           | ed or       | attested be    | efore me     | on               | 1112          | <del></del>  | 0 1  |
| (Sear of Stand)         |  | by _           | Ke          | ith to         | 2000         | <b>XT</b>        | _ by 🗲        | <u>VIV</u>   | a raagett  |
| A W                     | : =  | F              | rint rec    | istered own    | er name      | 1115             |               | register     | ed owner name  |
| PUBLIC                  |  | 4              | lotary r    | rinted or st   | amped as     | me               | _ A           | ry signat    | ura Col Laco   |
| 7 . 37 Sept. 4 100 100  |  | £              | <b>3</b> 05 | WILD           | 3 1          | äraser           | and           | ay sigilar   | 411122   |
| 1/5°0 × 10°             | in.  | Ť              | itle        |                |              | 0                | Deal          | er/county    | office number or notary expiration   |

| Manufactured home TPO/Plat                      | e number (from Se      | ction 1)- $\frac{29612}{}$ | 9511          | <u>8</u>   |  |
|---|------------------------|----------------------------|---------------|--|--|
| 4 Title Company Certific                        | ation                  |                            |               |  |  |
| PRINT or TYPE Name of person signing Barb McGra | -                      | Title compar               | y name        | The # Escrow                                     |  |
| Position Title Off                              | icer                   |                            |               | (Area code) Telephone no. 360 - 707-2158         |  |
|   |                        | wnershin is true and       | l correct a   | ccordifing to the real property records.         |  |
| Termy that the legal description                | ni oi tile land and oi | -12/11 C                   |               | oberaging to the roat property recerces          |  |
|   | <u> </u>               | 12/11                      | Disa          | 1 6/1/21   |  |
|   | S                      | ignature                   | 7             | Dafe   |  |
| 5 Building Permit Office                        | Certification          |                            |               |  |  |
| I certify that                                  |                        |                            |               |  |  |
| the manufactured home has                       | s been affixed to the  | e real property as d       | escribed.     |  |  |
| a building permit has been is                   | sued for this purpos   | e and the attachmer        | nt will be in | nspected upon completion.                        |  |
| PRINT or TYPE Name of person signing            | ng                     | Building per               | nit office    | Building permit no.                              |  |
| Position  |                        | I. ,                       |               | (Area code) Telephone по.                        |  |
|   |                        |                            |               |  |  |
|   | 2                      |                            |               |  |  |
|   | S                      | ignature                   |               | Date   |  |
| 6 Signature of Legal Ow                         | ner(s)                 |                            |               |  |  |
| Signature of legal owner indicate               | 2                      | egal owner signature       |               | Title, if signing for a business                 |  |
|   | •                      | (                          |               |  |  |
|   | Ū                      | egal owner signature       | _             | Title, if signing for a business                 |  |
| Notarization/Certification                      | State of               | , Cou                      | nty of        |  |  |
|   | Signed or atteste      | ed before me on            |               |  |  |
| (01   | <b>b.</b>              |                            | bur           |  |  |
| (Seal or stamp)                                 | Print legal own        | er name                    | by _          | Print legal owner name                           |  |
|   | Notary printed         | or stamped name            | and           | lotary signature                                 |  |
|   | Title                  |                            |               | Dealer/county office number or notary expiration |  |
| 7 Land Description                              |                        |                            |               |  |  |
| Legal description of land                       | 872                    |                            |               |  |  |
| Const Const                                     | 01.7 111               |                            | ^             | - 10 1/10 50 70                                  |  |
| (ADAR CREEK                                     | PLAI LUC               | 6-006 1                    | リアア           | ROYED NOVEMBER 28                                |  |
| 20156. RECARD                                   | En 1) ECEN             | 10ER 292                   | 2006          | ROYED NOVEMBER 28<br>LANDER AUGITOR'S            |  |
| FILE NO 200                                     | 1.1729016              | O RECOR                    | 05 <i>OF</i>  | SKABUT COUNTY,                                   |  |
|   |                        | 7) 11                      |               |  |  |
| WASHINGTON,                                     | THE TAILED             | = CONCRE                   | TE L          | woyaf Skart                                      |  |
| COUNTY WAS                                      | _                      |                            | -,            | oury of  |  |
|   |                        |                            |               |  |  |

| Dealer F                     | teport of Sale –                        | Selling dealer complete                          | this section        |                           |                          |  |  |
|------------------------------|---|--|---------------------|---------------------------|--------------------------|--|--|
| PRINT or TYPE                | Dealer name                             |  |                     | Washington dealer n       | 0.                       |  |  |
| Date of sale                 |   | Purchase price                                   | Tax jur             | Tax jurisdiction/Tax rate |                          |  |  |
| Sales Tax                    | Exempt - Sale to a                      | Certified Tribal membe                           | r on the reservatio | n (attach notarized       | d statement of delivery) |  |  |
|                              |   | under the laws of the sencumbrances except a     | •                   |                           |                          |  |  |
|                              |   | X  |                     |                           |                          |  |  |
| Date and place (             | city or county) signed                  | Dealer a   | uthorized signature |                           |                          |  |  |
| County                       | Auditor/Agent L                         | icensing Office App                              | proval (not for us  | e by subagents)           |                          |  |  |
| PRINT or TYPE                | Name V                                  |  | County office/VFS   | operator no.              |                          |  |  |
| , 31111 L                    | Joua Vi                                 | una/   | 29                  | 01                        |                          |  |  |
| l certify that               | he above application                    | on appears to be complete recording of this form |                     | ···                       | sufficient<br>7-2        |  |  |
| l certify that               | he above application                    |  |                     | ···                       | _                        |  |  |
| I certify that documentation | the above application to proceed with t |  |                     | ···                       | 7-21                     |  |  |
| I certify that documentation | the above application to proceed with t |  |                     | ···                       | 7-21                     |  |  |

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