07/30/2021 10:32 AM Pages: 1 of 3 Fees: \$205.50 Skagit County Auditor

RETURN RECORDED DOCUMENT TO:

	WASHINGTON STATE GEPARTMENT LICENSING For full instructions on completing Application Instructions, form TD-	ithis form, se	ufactured Applicati Manufactured	on	≱ √	ease check one: itle Elimination ransfer in Location Removal from Real Property			
- (7 Manufactured Home								
	Title purpose only (TPO)/Plate no. Year 408210DS3290 19			/idth (feet) x 24	Vehicle identifica 408210DS3				
4	2 Land		-						
		of property	104850) Lega	al description o	n.page 163-166			
	Liot 16 Block	LO1	ne or Section/Townsl VESTAR	· .	Eition	Quarter Section NW 10-35-8			
	Manufactured home physical location (St 7291 N SUPERIOR AVE CC					Is location mobile home park? Yes No			
	Grantor(s) Registered/Legal Owner(s) - Additional names on page								
					me (if applicable)				
	Name of registered owner ROBINSON,JERRY	•				Washington driver license or UBI no. ROBINJD461QL			
	Name of additional registered owner Ownership – Joint tenants w/right of survivorship (JTWROS) Washington driver licer of survivorship Types X No								
	Address (Address, City, State, ZIP code) 36279 CAPE HORN RD SEI								
	Name of legal owner Washington driver								
	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.									
\mathbf{C}	VT41427-21-5K	p/ it	(X) Mm	~/i	h/				
	Date and place (city or county) signed		Registered owne			Title, if signing for a business			
	Date and place (city or county) signed		Registered owne	r signature		Title, if signing for a business			
Notarization/Certification State of WA County of Skastt									
		Signed or a	ttested before me	on <u> </u>	vy 21, 1				
	(Seal or stamp)	by <u>Jev (</u> Print regis	4 Robins	ered owner marge					
		Notary pr	inted or stamped nam	ne	Notary sign	nature 2901			
		Title	<u> </u>		Dealer/cou	unty office number or notary expiration			
	TD-420-729 (R/10/20)WA Page 1 of 3					Continued on next page			

Manufactured home TPO/Plat	e or Vehicle Identification	number (VIN) $\frac{4082}{1}$	210DS3290	
4 Title Company Certific	cation]
PRINT or TYPE Name of person signi	TAMS	Title company name	160 TITLE	
Position ACCT EX	FC	·	(Area code), Telephone no.	<u>)</u>
I certify that the legal descripti	on of the land and ownership	is true and correct a	ccording to the real property records.	
	X Signature	dy Will) i CMD 1/31/2/ Date	
5) Building Permit Office	Certification			1
Treatify that It the manufactured home ha a building permit has been i		•	nspected upon completion.	
PRINT or TYPE Name of person signi		Building permit office	Building permit no 8-12	
BULDING	S INSPECTOR	V WA.	Area code) Telephone no.	
	Signature	2	Date: 8-78-7	
6 Signature of Legal Ov	vner(s)	· · · · · · · · · · · · · · · · · · ·		†
Signature of legal owner indic		of Title or Removal f	rom real property.] .
	X			
	Legal owner	r signature	Title, if signing for a business	
	Legal owner	r signature	Title, if signing for a business	
Notarization/Certification	State of	, County of		
	Signed or attested before	me on		
(Seal or stamp)	by Print legal owner name	by p	rint legal owner name	
	Notary printed or stampe		otary signature	
~	Title	and	pealer/county office number or notary expiration	
7 Land Description	10	1-1-		_
Tegal description of land L67 L67	7/0/0f	Lone 5	Tors poddition	
To The C	ity of Cor	iencie #3	s per p/07 Keland	ed
In Voloum	c 15 of Plot	s pager/	63-166	libora
IN Clusin	le Kecord	اری ۵۷	PGIT Count WAST	17570

8 Dealer R	eport of Sale – S	elling dealer complete	this section	-			
PRINT or TYPE I	Dealer name	· · ·		Washington dealer	no.		
Date of sale	Pu	rchase price	Tax jurisdiction/Tax rate				
☐ Sales Tax	Exempt - Sale to a C	Certified Tribal member	on the reservation	(attach notarize	d statement of delivery).		
		nder the laws of the si cumbrances except as	_				
Date and place (c	city or county) signed	Dealer au	thorized signature				
County A	uditor/Agent Lic	ensing Office App	roval (not for use	by subagents)			
PRINT or TYPE	Name /	na	County office/VFS operator no.				
Loortify that t		appears to be comple e recording of this form		he applicant ha	s sufficient		
		(x -	1	\triangle	7-30-21		
		X	1		7-30-21 Date		
documentatio	ls.	Signature	DY				
documentatio	Application	Signature Mobile home fee	Elimination fee	Use 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