## 202110200105 10/20/2021 11:10 AM Pages: 1 of 4 Fees: \$206.50

RETURN RECORDED DOCUMENT TO:

|  | WASHINGTON STATE DEPARTMENT OF LICENSING |                             | Manufactured Home Application          |  |                                  | Please check one:  ☑ Title Elimination        |  |
|--|--|-----------------------------|--|--|----------------------------------|---|--|
| For full instr   | uctions on com                           | pleting this                | form, see Manufactured Home            |  |                                  | ☐ Transfer in Location                        |  |
|  | Instructions, for                        |                             |  |  |                                  | Removal from Real Property                    |  |
|  | actured Hon                              |                             |  |  | ,                                |   |  |
| Title purpose only (TPO)/Plate no. Year 2F910496L 2019 |  |                             |  | Vehicle identif                            | dentification no. (VIN)<br>D496L |   |  |
| Land   |  |                             |  |  |                                  |   |  |
|  | home will be Removed                     | Real prope<br>Tax parc      | el no. <u>P108033</u>                  |  | al description                   |   |  |
| Lot 4  |  |                             |  | tion/Township/Range<br>nty short plat 95-  | 002                              | nw q, swq sec32/33/04                         |  |
| 1  | home physical local<br>gnus Ln Mou       |                             | dress, City, State, Z<br>WA 98273      | IP code)                                   |                                  | Is location mobile home park?                 |  |
| 3) Grante  | or(s) Registe                            | red/Legal                   | Owner(s) -                             | Additional names of                        | on page                          |   |  |
| County no.   | 1  | o. registered ov            |  |  | me (if applicable                | a)  |  |
| Name of Jegi   | steres progress                          | lan 30h<br>ing Trust        | nson and                               | lisbeth m                                  | aril                             | Washington driver license or UBI no.          |  |
| Name of addi   | tional registered ow                     | ner                         |  | Ownership – Joi of survivorship (JTWROS)   | nt tenants w/righ                | "   |  |
| Address (Add   | iress, City, State, Zi                   | P code)                     | ······                                 | (411112)                                   |                                  |   |  |
| 19520 Cy   | gnus Ln Mou                              | nt Vernon                   | WA 98273                               |  |                                  |   |  |
| Name of lega   | l owner                                  |                             |  |  |                                  | Washington driver license or UBI no.          |  |
| Name of additional legal owner                         |  |                             |  |  |                                  | Washington driver license or UBI no.          |  |
| Address (Add   | fress, City State, Zl                    | P code)                     |  |  |                                  |   |  |
| I certify un<br>owner(s) o                             | der penalty of post this manufact        | perjury unde<br>ured home a | er the laws of the<br>and the foregoir | e state of Washing<br>og jnformation is tr | ton that I am                    |   |  |
| 10-20  |  |                             | <b>Χ</b> <sup>(</sup> )                |  | zon                              | Trustee                                       |  |
|  | ce (city or county) si                   | gned                        | Regis                                  | tered owner signature                      | via John                         | Title #signing for a business  WUSTEE         |  |
| Date and place   | ce (city or county) si                   | gned                        | Regis                                  | tered owner signature                      |                                  | Title, it signing for a business              |  |
| Notarizatio  | n/Certification                          | Sta                         | ate of                                 | , County                                   | of $\frac{\nu}{2}$               | 1914  |  |
| (Seal or stamp)  |  | Sig<br>by                   |  |  |                                  | Cisbeth Junson intregistere grouper atmosphis |  |
|  |  |                             | Notary printed or \$1                  | amped name                                 | Notary s                         | signature 290/                                |  |
|  |  |                             | Title                                  | •  | Dealer/                          | county office number or notary expiration     |  |
| TD-420-729 (R/10                                       | )/20)WA Page 1 of 3                      |                             |  |  |                                  | Continued on next page                        |  |

| anufactured home TPO/Plat Title Company Certific | ation                         |                          |  |  |  |
|--|-------------------------------|--------------------------|--|--|--|
| PRINT or TYPE Name of person signif              | ng                            | Title company name       |  |  |  |
| Position   |                               | <u> </u>                 | (Area code) Telephone no.                        |  |  |
| l certify that the legal description             | on of the land and ownershi   | p is true and correct a  | ccording to the real property records.           |  |  |
|  | Y                             |                          |  |  |  |
|  | Signature                     | Date                     |  |  |  |
| Building Permit Office                           | Certification                 | <del></del>              |  |  |  |
| I certify that                                   |                               | ·                        |  |  |  |
| the manufactured home ha                         | s been affixed to the real p  | roperty as described.    |  |  |  |
| $\square$ a building permit has been is          | ssued for this purpose and th | ne attachment will be ir | nspected upon completion.                        |  |  |
| PRINT or TYPE Name of person signif              |                               | Building permit office   | Building permit no.                              |  |  |
| Pamela Aldro                                     | ae                            | Skagit PDS               | BP19-0003  |  |  |
| Position -                                       | 0                             |                          | (Area code) Telephone no                         |  |  |
| reimit Tech                                      | 1                             |                          | 360-416-1399                                     |  |  |
|  | , V                           | Carrilla Al              | 1 A M. (51-2224                                  |  |  |
|  | X 1<br>Signature              | ovrijala nx              | 5 (5 000)<br>Date                                |  |  |
| Signature of Legal Ow                            | mer(s)                        |                          | <u> </u>   |  |  |
|  |                               | (T) D                    | ,  |  |  |
| Signature of legal owner indic                   | ates consent for Elimination  | n of Title or Removal f  | from real property.                              |  |  |
|  | X                             |                          |  |  |  |
|  |                               | er signature             | Title, if signing for a business                 |  |  |
|  | X                             |                          | rine, it signing for a busines                   |  |  |
|  |                               | er signature             | Title, if signing for a busines                  |  |  |
|  |                               |                          | ····-, ··  |  |  |
| Notarization/Certification                       | State of                      | , County of              |  |  |  |
|  | Signed or attested before     | e me on                  |  |  |  |
| (Seal or stamp)                                  | by                            | ,                        |  |  |  |
| (Gear or stamp)                                  | Print legal owner name        | by P                     | Print legal owner name                           |  |  |
|  | Notary aristed as at-         |                          | Notary signature                                 |  |  |
|  | Notary printed or stamp       | and                      | lotary signature                                 |  |  |
|  | Title                         |                          | Dealer/county office number or notary expiration |  |  |
| Land Description                                 | <del></del>                   |                          |  |  |  |
| Legal description of land                        | <del></del>                   |                          |  |  |  |
| zogar occompilen or land                         |                               |                          |  |  |  |
| C 0  | 1.t. all - 1                  | F. 1111                  | A  |  |  |
| See A  | ttached                       | hx i bit                 | - Ar   |  |  |
|  | •                             |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |
|  |                               |                          |  |  |  |

| Dealer Rep           | ort of Sale - Se   | elling dealer complete   | this section              |                       |                           |  |
|----------------------|--------------------|--|---------------------------|-----------------------|---------------------------|--|
| PRINT or TYPE Dea    | ler name           |  |                           | Washington dealer no. |                           |  |
| Date of sale         | Pu                 | rchase price   | Tax jurisdiction/Tax rate |                       |                           |  |
| ☐ Sales Tax Exe      | empt - Sale to a C | Certified Tribal membe   | on the reservation        | (attach notarize      | d statement of delivery). |  |
|                      |                    | nder the laws of the s<br>cumbrances except as                     | •                         |                       |                           |  |
| Date and place (city | or county) signed  | Dealer au  | thorized signature        |                       |                           |  |
| County Au            | ditor/Agent Lic    | ensing Office App  | roval (not for use        | by subagents)         | <del>-</del>              |  |
| PRINTION TYPE Nam    | ) [                |  |                           |                       |                           |  |
|                      |                    | appears to be comple<br>e recording of this forr<br>X<br>Signature |                           | the applicant has     | s sufficient              |  |
| Title Fees           |                    |  | ·                         |                       | <del></del>               |  |
| Filing fee           | Application        | Mobile home fee  | Elimination fee           | Use tax               | Subagent fees             |  |
|                      |                    |  |                           | 1                     | 1                         |  |

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

## EXHIBIT A TO REAL ESTATE EXCISE TAX AFFIDAVIT

Lot 4, SKAGIT COUNTY SHORT PLAT NO. 95-002, as approved December 1, 1995, and recorded December 14, 1995, in Volume 12 of Short Plats, page 53, under Auditor's File No. 9512140103, records of Skagit County, Washington; being a portion of the Northwest Quarter of the Southeast Quarter of Section 32, Township 33, Range 4 East of the Willamette Meridian.

Situated in Skagit County, Washington.

## Subject to:

1. Covenants, conditions, restrictions, recitals, reservations, easements, easement provisions, dedications, building setback lines, notes, statements, and other matters, if any, but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state of federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth in SKAGIT COUNTY SHORT PLAT NO. 95-002.

Recording No. 9512140103

1. Any rights, interests, or claims which may exist or arise by reason of the following matters disclosed by survey.

Recording Date: December 14, 1995

Recording No.: 9512140103

Matters shown: Possible encroachment of a fenceline onto the property to the South by varying

amounts.

2. Non-exclusive easement and maintenance declaration including the terms, covenants and provisions thereof:

Executed by: Hector J. Lagasse et ux Recorded: December 14, 1995

Auditor's No. 9512140104, records of Skagit County, Washington

3. City, county or local improvement district assessments, if any.

Parcel Number: P108033

XrefID: 330432-4-002-0400

Commonly known as: 19520 Cygnus Lane, Mount Vernon, Skagit County, WA 98274