

**202301300032**01/30/2023 11:05 AM Pages: 1 of 3 Fees: \$205.50
Skagit County Auditor**RETURN RECORDED DOCUMENT TO:**Catherine M. O'Bryan
28359 Ranae Ln
Sedro Woolley, WA 98284**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 | | | | | |
| Title purpose only (TPO)/Plate no. | Year | Make | Length/Width (feet) | Vehicle identification no. (VIN) | |
| | 2022 | PALMH | 70 x 30 | PHA310DR2215011 AB | |
| 2 Land | | | | | |
| Manufactured home will be | | Real property | | | |
| <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed | | Tax parcel no. P122986 | | Legal description on page 2 | |
| Lot | Block | Plat name or Section/Township/Range | | Quarter/Quarter section | |
| 2 | | SHORT 96-048113505 | | SW 11/35105 | |
| Manufactured home physical location (Street address, City, State, ZIP code) | | | | Is location mobile home park? | |
| 28359 Ranae Ln, Sedro Woolley, WA 98284 | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3 Grantor(s) Registered/Legal Owner(s) - Additional names on page | | | | | |
| County no. | No. registered owners | No. legal owners | Grantee name (if applicable) | | |
| SKagit 2912 | 2 | | N/A | | |
| Name of registered owner | | | Washington driver license or UBI no. | | |
| Catherine M. O'Bryan | | | WDL6S722C43B | | |
| Name of additional registered owner | | | Washington driver license or UBI no. | | |
| Christopher L. O'Bryan | | | WDL7SP27643B | | |
| Ownership - Joint tenants w/right of survivorship (JTWR0S) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Address (Address, City, State, ZIP code) | | | | | |
| 28359 Ranae Ln, Sedro Woolley, WA 98284 | | | | | |
| 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 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. | | | | | |
| 4.20.2022 Everett | | X Catherine M. O'Bryan | | | |
| Date and place (city or county) signed | | Registered owner signature Title, if signing for a business | | | |
| 4.20.2022 Everett | | X Christopher L. O'Bryan | | | |
| Date and place (city or county) signed | | Registered owner signature Title, if signing for a business | | | |
| Notarization/Certification | | | | | |
| State of WA | | County of Snohomish | | | |
| Signed or attested before me on April 20, 2022 | | | | | |
| by Catherine M. O'Bryan | | by Christopher L. O'Bryan | | | |
| Print registered owner name | | Print registered owner name | | | |
| Angel M. Moses | | X Angel M. Moses | | | |
| Notary printed or stamped name | | Notary signature | | | |
| Notary Title | | and 9.9.2023 | | | |
| | | Dealer/county office number or notary expiration | | | |

Manufactured home TPO/Plate or Vehicle Identification (VIN) number PHH310OR2215011AB

4 Title Company CertificationPRINT or TYPE Name of person signing **LAURA MILARCH**

Title company name

First American Title Insurance Company

Position

HA processing

(Area code) Telephone no.

(425)258-4104

I certify that the legal description of the land and ownership is true and correct according to the real property records.

X
Signature

Laura Milarch

Date

8/22/2022

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

Pamela Aldridge

Building permit office

Skagit PDS

Building permit no.

BP21-0250

Position

Permit Tech.

(Area code) Telephone no.

X
Signature

Pamela J. Aldridge

Date

8-24-2022

6 Signature of Legal Owner(s)

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

X

Legal owner signature

Title, if signing for a business

X

Legal owner signature

Title, if signing for a business

Notarization/Certification

State of WA, County of Skagit

Signed or attested before me on

(Seal or stamp)

by

Print legal owner name

by

Print legal owner name

Notary printed or stamped name

Notary signature

Notary

Title

and

X

Dealer/county office number or notary expiration

7 Land Description

Legal description of land

Lot 2 Of Skagit County Short Plat No. 96-048, Approved May 4, 2005 And Recorded May 6, 2005, Under Auditors File No. 200505060139, Records Of Skagit County, Washington; Being A Portion Of Southwest 1/4 Of The Southwest 1/4 And The Southeast 1/4 Of The Southwest 1/4 Of Section 11, Township 35 North, Range 5 East, W.M.

Situate in the County of Skagit, State of Washington.

Manufactured home TPO/Plate or Vehicle Identification number (VIN) PHH310DR 2215011AB

| | | | | | |
|---|-------------|--------------------------------|--|-----------------------------------|--------------------|
| 8 Dealer Report of Sale —Selling dealer complete this section | | | | | |
| PRINT or TYPE Dealer name Homes Direct of Washington | | | | Washington dealer no. 4953 | |
| Date of sale June 11, 2021 | | Purchase price \$207,570.86 | | Tax jurisdiction/Tax rate 8.5% | |
| <input type="checkbox"/> Sales Tax Exempt—Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). | | | | | |
| I declare under penalty of perjury under the law of Washington that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected. | | | | | |
| 6-30-22 Skagit Date and place (city or county) signed | | | * Heather Smith Dealer authorized signature | | |
| County Auditor/Agent Licensing Office Approval (not for use by subagents) | | | | | |
| PRINT or TYPE Name Denise Hindman | | | County office/VFS operator no. 240101 | | |
| I declare that the above application appears to be completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form. | | | | | |
| | | | X Denise Hindman 1-30-23 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