



202310040053

10/04/2023 01:45 PM Pages: 1 of 4 Fees: \$206.50 Skagit County Auditor

RETURN RECORDED DOCUMENT TO:

Chicago Title Company

425 Commercial ST STE 200  
Mount Vernon, WA 98273  
#620043469



WASHINGTON STATE DEPARTMENT OF LICENSING

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. ALB0345170RAB
Year 2013
Make CMH
Length/Width (feet) 27 X 56
Vehicle identification no. (VIN) ALB0345170RAB
2 Land
Manufactured home will be Affixed
Real property Tax parcel no. P51859
Legal description on page 2
Trct A of revised SC SP 25-77
61363 State Route 20, Marblemount, WA 98267
3 Grantor(s) Registered/Legal Owner(s)-Additional names on page
Name of registered owner Shirley, William
Name of additional registered owner Shirley, Cindy
Address 61363 State Route 20, Marblemount, WA 98267
Notarization/Certification
Justin A. Stittsworth, Notary Public - Arizona, expires 02/06/2024



JUSTIN A. STITTSWORTH
Notary Public - Arizona
Maricopa Co. / #574593
Expires 02/06/2024

Continued on next page

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**1 Manufactured Home**

|                                    |              |             |                                |   |
|------------------------------------|--------------|-------------|--------------------------------|---|
| Title purpose only (TPO)/Plate no. | Year<br>2013 | Make<br>CMH | Length/Width (feet)<br>27 x 56 | Vehicle identification no. (VIN)<br>ALB0345170RAB |
|------------------------------------|--------------|-------------|--------------------------------|---|

**2 Land**

|  |  |  |  |
|--|--|--|--|
| Manufactured home will be<br><input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed                  | Real property<br>Tax parcel no. P51859 | Legal description on page 2  |  |
| Lot  | Block                                  | Plat name or Section/Township/Range<br>Trct A of revised SC SP 25-77 | Quarter/Quarter section  |
| Manufactured home physical location (Street address, City, State, ZIP code)<br>61363 State Route 20, Marblemount, WA 98267 |  |  | Is location mobile home park?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**3 Grantor(s) Registered/Legal Owner(s)–Additional names on page \_\_\_\_\_**

|   |                            |                  |                                      |
|---|----------------------------|------------------|--------------------------------------|
| County no.<br>29  | No. registered owners<br>2 | No. legal owners | Grantee name (if applicable)         |
| Name of registered owner<br>Shirley, William  |                            |                  | Washington driver license or UBI no. |
| Name of additional registered owner<br>Shirley, Cindy                                   |                            |                  | Washington driver license or UBI no. |
| Address (Address, City, State, ZIP code)<br>61363 State Route 20, Marblemount, WA 98267 |                            |                  |                                      |
| Name of legal owner<br>Same as above  |                            |                  | 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 law of Washington that I am/we are the registered owners of this manufactured home and the foregoing information is true and correct.

10/4/2023 Mount Vernon X William Shirley by Donna R. Reed POA  
Date and place (city or county) signed Registered owner signature Title, if signing for a business

Date and place (city or county) signed Registered owner signature \*Title, if signing for a business

Notarization/Certification State of Washington County of Skagit  
Signed or attested before me on 10-4-23  
by Donna L Reed by [Signature]  
Print registered owner name Notary printed or stamped name  
Notary printed or stamped name Notary signature  
Title and Dealer/county office number or notary expiration



Manufactured home TPO/Plate or Vehicle Identification number (VIN) ALB0345170RAB

**4 Title Company Certification**

|  |   |
|--|---|
| PRINT or TYPE Name of person signing<br><u>Martin Lehr</u> | Title company name<br><u>Chicago Title</u>      |
| Position<br><u>title officer</u>                           | (Area code) Phone number<br><u>360-424-1700</u> |

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

Martin Lehr 9-25-23  
Signature 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<br><u>Pamela G. Aldridge</u> | Building permit office<br><u>Skagit County</u>  | Building permit number<br><u>BP13-0469</u> |
| Position<br><u>Permit Tech. II</u>                                | (Area code) Phone number<br><u>360.416.1320</u> |  |

Pamela G. Aldridge 9-25-23  
Signature Date

**6 Signature of Legal Owner(s)**

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

\_\_\_\_\_  
Legal owner signature Title, if signing for a business

\_\_\_\_\_  
Legal owner signature Title, if signing for a business

Notarization/Certification State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_

(Seal or stamp) by \_\_\_\_\_ by \_\_\_\_\_  
Print legal owner name Print legal owner name

Notary printed or stamped name \_\_\_\_\_ and  \_\_\_\_\_  
Title Dealer/county office number or notary expiration

**7 Land Description**

Legal description of land

TRACT A OF REVISED SKAGIT COUNTY SHORT PLAT NO. 25-77, APPROVED JUNE 7, 1977, AND RECORDED JUNE 7, 1977, RECORDED IN VOLUME 2 OF SHORT PLATS, PAGE 66, UNDER AUDITOR'S FILE NO. 857763, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF SECTION 29, TOWNSHIP 36 NORTH, RANGE 11 EAST OF THE WILLAMETTE MERIDIAN. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Manufactured home TPO/Plate or Vehicle Identification number (VIN) ALB0345170RAB

|  |                |                 |   |                       |                    |
|--|----------------|-----------------|---|-----------------------|--------------------|
| <b>8 Dealer Report of Sale</b> —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 ( <i>attach notarized statement of delivery</i> ).  |                |                 |   |                       |                    |
| <i>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.</i> |                |                 |   |                       |                    |
| Date and place (city or county) signed   |                |                 | <input checked="" type="checkbox"/> Dealer authorized signature                     |                       |                    |
| <b>9 County Auditor/ Agent Licensing Office Approval</b> ( <i>not for use by subagents</i> )   |                |                 |   |                       |                    |
| PRINT or TYPE Name<br><i>Denise Hindman</i>  |                |                 | County office/VFS operator no.<br><i>2901</i>                                       |                       |                    |
| <i>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.</i>  |                |                 |   |                       |                    |
|  |                |                 | <input checked="" type="checkbox"/> <i>Hindman</i> <i>10-4-23</i><br>Signature Date |                       |                    |
| <b>10 Title Fees</b>   |                |                 |   |                       |                    |
| 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