202405060031 05/06/2024 11:26 AM Pages: 1 of 4 Fees: \$306.50 Skagit County Auditor

RETURN RECORDED DOCUMENT TO:	
	
	Please check one:
	ctured nome
For full instructions on completing this form,	Dication
see Manufactured Home Application Instructions, form	
1 Manufactured Home	
Title purpose only (TPO)/Plate no. Year Make	Length/Width (feet) Vehicle identification no. (VIN)
11816518 1992 REDMAN	60 x 28 11816518
Manufactured home will be Real property	
✓ Affixed ☐ Removed Tax parcel no. 117945	Legal description on page 11-35-7
Lot Block Plat name or Sec	ction/Township/Range Quarter/Quarter section 11-35-7
Manufactured home physical location (Street address, City, S	State, ZIP code) V 2014 WAOS State State Is location mobile home park?
3 Grantor(s) Registered/Legal Owner(s)-Ad	ditional names on page
County no. 29 No. registered owners No. legal	owners Grantee name (if applicable)
Name of registered owner VANESSA BLAIR	Washington driver license or UBI no. WDLBB9PG413B
Name of additional registered owner	Ownership—Joint tenants Washington driver license or UBI no. Washington driver license or UBI no. Washington driver license or UBI no.
Address (Address, City, State, ZIP code) 7473 RUSSELL RD CONCRETE WA 98237	ormes) Elec Elito
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 law of Wa manufactured home and the foregoing information is t	shington that I am/we are the registered owners of this rue and correct.
4-30-2024 Skagit X	Vanusa Bair
-Date and place (city or county) signed	ered owner signature Title, if signing for a business
Date and place (city or county) signed Regist	ered owner signature Title, if signing for a business
Notarization/Certification State of WIT	County of May
Signed or attested be	
(Seal or samp) by Vanessa	Blaie by Principle
SKR NV 290' Print registered own	Print registered owner/name
(Seal or stamp) (OR Signed or attested be by Valves own Heart Vel Notary printed or stamp) (Title	and
Title	Dealer/county office number or notary expiration

	<u> </u>	
	·	
* - Manufa	actured Home Please check one:	
- WASHINGTON STATE DEL MATHEMATINE	pplication	
r full instructions on completing this form,	☐ Transfer in Location	
Manufactured Home Application Instructions, forn	m TD-420-730. ☐ Removal from Real P	roper
Manufactured Home		
ttle purpose only (TPO)/Plate no. Year Make 1816518 1992 REDMA	Length/Width (feet) Vehicle identification no. (VIN) AN 60 x 28 11816518	
Land	11 00 V 20 11010010	
anufactured home will be Deal property	44 68 8	
Affixed Removed Tax parcel no. 117945	Legal description on page 11-35-7	
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andiactured nome physical location (Street address, City,	y, state, 217 code) is location mobile from	ne pan
Grantor(s) Registered/Legal Owner(s)-A		
ounty no. No. registered owners No. lega	al owners Grantee name (if applicable)	
	l	
ame of registered owner	Washington driver license or	· UBI no
ame of additional registered owner	Ownership Joint tenants (Washington driver license or	-d-IDI-er
ONYA ZYSKOWSKI	Ownership—Joint tenants (Washington driver license or wiright of survivorship (JTWROS) LYes VNo WDL1NZP820	22.0
ddress (Address, City, State, ZIP code)	(STWROS) Tes EINO 1 EIN EI	<u> </u>
473 RUSSELL RD CONCRETE WA 98237		
ame of legal owner	Washington driver license or	UBI no
· · · · · · · · · · · · · · · · · · ·		
ame of additional legal owner	Washington driver license or	·UBI no
ddress (Address, City State, ZIP code)	- 	
(.a.a.a.a., only onato, Ell obdo)		
declare under penalty of perjury under the law of W	Vashington that I am/we are the registered owners of this	s
anufactured home and the foregoing information is	s true and correct.	
lakima 5-2-24 *	Donya Z Zyskusle	
ate and place (city or county) signed Regi	istered owner signature. Title, if signing for a b	usines
	gistered owner signature Title, if signing for a b	usines
	water County of Making	
Notary Public	110 (126) 30) 304	
State of Washington Signed or attested b	slavely	×
C	15#.DW13#1. h., XT	
Commission # 21023199	<i>y</i>	
espongission # 21023199 by Son 42 Zu Comm. Expires Apr 15, 2025 Print registered by	wier name Mendore Print registered bwner name	
esponsission # 21023199 by Snya Zu Comm. Expires Apr 15, 2025 print registered by	wher name Mendore Stamped name Notav signature	

Title Company Certif	ication		
PRINT or TYPE Name of persor		Title company name	
Position			(Area code) Phone number
declare that the legal descrip	otion of the land and owner	rship is true and correct a	according to the real property record
	X		,
	Signati	ure	Date
Building Permit Offic	e Certification	·-··	
certify that	•		
the manufactured home h	as been affixed to the real	I property as described.	
a building permit has been	issued for this purpose and		
PRINT OF TYPE Name of person	avione	Building permit office SKAGI+ P.D.S.	m24 1003
Position Permit Ter	ch II	1	(Area code) Phone number 360. 416-1399
	x /	Pamela &	Aldrey 4-5-3
<u> </u>	Signatu	ure	Date
Signature of Legal O	wner(s)		· · · · · · · · · · · · · · · · · · ·
	X	owner signature	Title, if signing for a busine
		owner signature	Title, if signing for a busine
lotarization/Certification			
	Signed or attested bef		
Seal or stamp)	by Print legal owner nam	by _	rint legal owner name
			mit legal owner harne
	Notary printed or stan	nped name	ptary signature
/>	Title	aiiu _	ealer/county office number or notary expirati
Land Description			
egal description of land	· · · · · · · · · · · · · · · · · · ·		
THE SOUTH HALF OF T			
IORTHWEST QUARTE	R OF SECTION 11, TO	OWNSHIP 35 NORTI	H, RANGE 7 EAST, W.M.,
EXCEPT THE WEST 30 I			

PRINT or TYPE Dealer name		Washington dealer no.		er no.	
Date of sale	Pt	urchase price	Tax juri	Tax jurisdiction/Tax rate	
☐ Sales Tax E	cempt-Sale to a C	ertified Tribal member	on the reservation	(attach notarized	d statement of delivery
		under the law of Wash xcept as shown. Any re			
		X			
Date and place (city or county) signed	Dealer a	uthorized signature		
County Au	ditor/Agent Lic	ensing Office App	roval (not for use	by subagents)	
PRINT OF TYPE Name Heather Lum		County office/VFS operator no. 290162			
				the applicant h	
declare that the decumentation	ne above application to proceed with the	in appears to be complete recording of this form X Signature	Darlho	<u></u>	S sufficient S (24) Date
documentation	to proceed with th	e recording of this form	Darlho	<u> </u>	S W V Date
documentation	to proceed with th	e recording of this form	Darlho	Use tax	Subagent fees

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