## 202503140051

03/14/2025 01:20 PM Pages: 1 of 3 Fees: \$305.50 Skagit County Ruditor

|   |                       |  |   | <b>-</b>              |                |   |
|---|-----------------------|--|---|-----------------------|----------------|---|
|   |                       |  |   | _                     |                |   |
|   |                       |  |   | -                     |                |   |
|   |                       |  |   | _                     |                |   |
|   |                       |  |   | -                     | _              |   |
| washineton state DEPART LICENSI or full instructions on comple ee Manufactured Home Appli | NG<br>ting this form  |  | plicati                                 | on                    |                | lease check one:  Title Elimination  Transfer in Location  Removal from Real Proper |
| *Manufactured Home  |                       |  | <u> </u>                                |                       |                |   |
| Title purpose only (TPO)/Plate no 09L24519XU  | Year<br>1990          | Make<br>LIBH   | Length/                                 | Width (feet)          | Vehicle ide    | entification no. (VIN)  |
| 2 FLand   | 1                     |  |   | <u> </u>              |                |   |
| Manufactured home will be   | Real property         | _  |   |                       |                |   |
| ☑ Affixed ☐ Removed   | Tax parcel no         | 65248  |   | _ Legal d             | lescription (  | on page   |
| Lot Block 22  |                       | at name or Se  | ction/Town                              |                       |                | Quarter/Quarter section   |
| Manufactured home physical loc<br>44383 DALLES RD CON                                     |                       |  | State, ZIP c                            | ode)                  |                | Is location mobile home par   |
| -Grantor(s) Registere   | d/Legal Ov            | vner(s)-Ad   | ditional na                             | mes on pa             | age            | _ <del>_</del>  |
| County no. No. re 29 1  | egistered owne        | No. legal  | owners G                                | rantee nam            | e (if applical | ble)  |
| Name of registered owner THE MULCAHEY FAMI  | LY TRUST              |  | 1                                       |                       |                | Washington driver license or UBI n  |
| Name of additional registered ov  | _                     |  | Ownership-<br>w/right of st<br>(JTWROS) |                       |                | Washington driver license or UBI no   |
| Address (Address, City, State, Z<br>44416 DALLES RD CONC                                  |                       | 98237  |   |                       |                |   |
| Name of legal owner   |                       |  |   |                       |                | Washington driver license or UBI n  |
| Name of additional legal owner  |                       |  |   |                       |                | Washington driver license or UBI n  |
| Address (Address, City State, ZI  |                       |  |   |                       |                |   |
| I declare under penalty of permanufactured home and the                                   | foregoing inf         | ne law of Wa<br>ormation is t                        | stillington t<br>rue and co             | hat I am/w<br>orrect. | re are the r   | egistered owners of this  |
| Date and place (city or county) s   | <u>e(nox</u><br>igned | <b>X</b> \   | tered owner                             | signature             |                | Title, if signing for a busines   |
| Date and place (city or county) s   | igned                 | Regis  | lecel owner                             | signature             |                | Title, if signing for a busines   |
| Notarization/Certification  | State of              |  | , v-1                                   | County of             | <u> </u>       | git   |
|   |                       |  |   |                       |                |   |
| (Seal or stamp)   | by Ro                 | or attested be<br>CTCICK<br>registered own<br>HEAHNO | MU\Ca                                   | shey                  | by Print regis | lend owned name   |

|  | cation  |   |  |
|--|---|---|--|
| PRINT or TYPE Name of person   |   | Title company name  |  |
| Position   |   |   | (Area code) Phone number   |
| I declare that the legal descrip   | tion of the land and ownership  | is true and correct   | according to the real property recor   |
|  |   |   |  |
|  | <u>X</u>  |   |  |
|  | Signature   |   | Date   |
| 5 Building Permit Office   | e Certification   |   |  |
| I certify that   |   |   |  |
| the manufactured home ha   |   |   |  |
| a building permit has been i   |   |   |  |
| PRINT or TYPE Name of person Patrick Mulc  | signing Pain Alache   | Building permit office  | Building permit number   |
| Patrick Muje   | arsey Hall Many   | - 3 raggi FU.   | 5 BPOI-0267/BPOI-02  |
| FUSILIUIT  | _   | •   | (Area code) Phone number   |
| FERVIII 1  | ich.  |   | 1360-416-1320  |
|  | x Pc  | and A   | ldoubre  |
|  | Signature   | o repende ve  | Date   |
| 6 Signature of Legal Ov  | (a)   |   |  |
| o orginature or Legal Or   | viiei(s)  |   |  |
| Signature of legal owner indic   | cates consent for Elimination of  | of Title or Removal   | from real property.  |
|  |   | >   |  |
|  |   |   |  |
|  | X   |   |  |
|  | Legal owne  | r signature   | Title, if signing for a busing   |
|  | Legal owne  |   |  |
|  | Legal owne  | r signature<br>r signature  |  |
| Notarization/Certification   | Legal owne  | r signature   |  |
| Notarization/Certification   | Legal owne  Legal owne  State of  | r signature, County of  | Title, if signing for a busin  |
| Notarization/Certification   | Legal owne  | r signature, County of  | Title, if signing for a busin  |
| Notarization/Certification (Seal or stamp)   | Legal owne  Legal owne  State of  Signed or attested before n   | r signature, County of ne on by   | Title, if signing for a busin  |
|  | Legal owne  Legal owne  State of  Signed or attested before n   | r signature, County of ne on by   | Title, if signing for a busin  |
|  | Legal owne  Legal owne  State of  Signed or attested before n   | r signature, County of ne on by   | Title, if signing for a busing  |
|  | Legal owne  X Legal owne  State of  Signed or attested before n  by  Print legal owner name  Notary printed or stamped  | r signature, County of ne on by nameand   | Title, if signing for a busing  |
|  | Legal owne  Legal owne  State of  Signed or attested before n  by  Print legal owner name   | r signature, County of ne on by nameand   | Title, if signing for a busing  |
|  | Legal owne  X Legal owne  State of  Signed or attested before n  by  Print legal owner name  Notary printed or stamped  | r signature, County of ne on by nameand   | Title, if signing for a busing  |
| (Seal or stamp)  | Legal owne  X Legal owne  State of  Signed or attested before n  by  Print legal owner name  Notary printed or stamped  | r signature, County of ne on by nameand   | Title, if signing for a busing  |
| (Seal or stamp)   7 Land Description Legal description of land   | Legal owne  X  Legal owne  State of  Signed or attested before in  by  Print legal owner name  Notary printed or stamped in  Title  | r signature, County of ne on by nameand   | Title, if signing for a busin  Print legal owner name  Notary signature  Dealer/county office number or notary expir   |
| (Seal or stamp)  7 Land Description Legal description of land 1990 LIBERTY OAKHUR  | Legal owne X Legal owne State of Signed or attested before n by Print legal owner name Notary printed or stamped Title  ST 48X28 VIN 09L24519X  | r signature, County of ne on by nameand   | Title, if signing for a busing Print legal owner name  Notary signature  Dealer/county office number or notary expire  EPT THE NORTH 100 FEET  |
| (Seal or stamp)  7 Land Description Legal description of land 1990 LIBERTY OAKHUR THEREOF, EVERETT'S F   | Legal owne X Legal owne State of Signed or attested before n by Print legal owner name Notary printed or stamped Title  ST 48X28 VIN 09L24519X ERTILE ACRES, ACCOR  | r signature, County of ne on by nameand TU LOT 22 EXCH  | Title, if signing for a busined in the print legal owner name  Notary signature  Dealer/county office number or notary expirity  EPT THE NORTH 100 FEET  EPLAT RECORDED IN   |
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| (Seal or stamp)  7 Land Description Legal description of land 1990 LIBERTY OAKHUR THEREOF, EVEREIT'S F VOLUME 7 OF PLATS, P TGW THE WEST 100 FEI                     | Legal owne X Legal owne X Legal owne State of Signed or attested before n by Print legal owner name Notary printed or stamped of title  ST 48X28 VIN 09L24519X ERTILE ACRES, ACCORT AGES 16 AND 17 RECORT AGES 16 AND 17 RECORT ET OF LOT 23 EVERETT'S DLUME 7 OF PLATS, PAGE | r signature, County of ne on by nameand TU LOT 22 EXCHAING TO THE EDS OF SKAGIT S FERTILE ACR | Title, if signing for a busing print legal owner name  Notary signature  Dealer/county office number or notary expirate the NORTH 100 FEET CPLAT RECORDED IN COUNTY, WASHINGTON.  ES, ACCORDING TO THE   |
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| Date of sale  Purchase price  Tax jurisdiction/Tax rate  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 shome is clear of encumbrances except as shown. Any required sales tax has been collected.  Date and place (city or county) signed  Date and place (city or county) signed  County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name  County office/VFS operator no.  1 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  Signature  Date  Title Fees  Filing fee  Application  Mobile home fee  Elimination fee  Use tax  Subagent fees  Total fees and to  | Dealer Report                          | t of Sale-Sell                      | ing dealer complete th                                  | nis section   |            |   |                          |
|--|--|-------------------------------------|---|---------------|------------|---|--------------------------|
| Sales Tax Exempt—Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery of declare under penalty of perjury under the law of Washington that this information is correct. The manufactured shome is clear of encumbrances except as shown. Any required sales tax has been collected.  X  Date and place (city or county) signed  Dealer authorized signature  County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name  County office/VFS operator no.  2101-50  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  Signature  Date  Application  Mobile home fee  Elimination fee  Use tax  Subagent fees   |  |                                     |   | -             | V          | Vashington dea                              | iler no.                 |
| 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.    X   | Date of sale                           | Pun                                 | chase price   |               | Tax jurisd | iction/Tax rate                             |                          |
| declare under penalty of perjury under the law of Washington that this information is correct. The manufactured name is clear of encumbrances except as shown. Any required sales tax has been collected.  X Date and place (city or county) signed  Dealer authorized signature  County Auditor/Agent Licensing Office Approval (not for use by subagents)  County office/VFS operator no.  1 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 Signature  Date  Title Fees  Hobitation  Mobile home fee  Ellmination fee  Use tax  Subagent fees   | Sales Tax Exemp                        | ot-Sale to a Cer                    | rtified Tribal member o                                 | on the reser  | vation (a  | ttach notarize                              | ed statement of deliver  |
| Date and place (city or county) signed  Dealer authorized signature  County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name  County office/VFS operator no.  County office/VFS operator |  |                                     | •   |               |            |   | -                        |
| Date and place (city or county) signed  Dealer authorized signature  County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name  County office/VFS operator no.  290-60  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  Signature  Date  Title Fees  Filing fee  Application  Mobile home fee  Ellmination fee  Use tax  Subagent fees  |  |                                     |   |               |            |   |                          |
| County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name    County office/VFS operator no.   290 -60    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   | torne is clear or end                  | cumprances exc                      | ept as snown. Any re                                    | quirea sales  | s tax nas  | been collect                                | ed.                      |
| County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name    County office/VFS operator no.   290 -60    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   |  |                                     | X   |               |            |   |                          |
| County Auditor/Agent Licensing Office Approval (not for use by subagents)  PRINT or TYPE Name  County office/VFS operator no.  290-60  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  Signature  Title Fees  Filing fee  Application  Mobile home fee  Ellmination fee  Use tax  Subagent fees   | Date and place (city or                | r county) signed                    | Dealer au   | thorized sign | ature      |   |                          |
| County office/VFS operator no.  290-80  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 Signature  Title Fees  Filing fee  Application  Mobile home fee  Elimination fee  Use tax  Subagent fees   |  |                                     |   |               |            |   |                          |
| 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 Signature  Date  Title Fees  Filing fee  Application  Mobile home fee  Elimination fee  Use tax  Subagent fees   | County Audite                          | or/Agent Lice                       | nsing Office Appr                                       | roval (not f  | or use h   | v suhagents)                                | <u> </u>                 |
| 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 Signature  Date  Title Fees  Filing fee  Application  Mobile home fee  Ellmination fee  Use tax  Subagent fees   |  |                                     | ensing Office Appr                                      |               |            |   |                          |
| Title Fees    Application - Mobile home fee   Elimination fee   Use tax   Subagent fees  |  | 9                                   |   |               | ice/VFS c  | perator no.                                 |                          |
| X Signature Solution Signature Use tax Subagent fees   | PRINT or TYPE Name                     | her to                              | ĴW  | County off    | ice/VFS o  | operator no.<br>2901-62                     | •                        |
| Title Fees   | declare that the ab                    | NUC U                               | JVV\ appears to be comple                               | County offi   | ice/VFS o  | operator no.<br>2901-62                     | •                        |
| Title Fees   | declare that the ab                    | NUC U                               | JVV\ appears to be comple                               | County offi   | ice/VFS o  | operator no.<br>2901-62                     | •                        |
| iling fee Application - Mobile home fee Elimination fee Use tax Subagent fees  | declare that the ab                    | NUC U                               | JVV\ appears to be comple                               | County offi   | ice/VFS o  | operator no.<br>2901-62                     | •                        |
| iling fee Application - Mobile home fee Elimination fee Use tax Subagent fees  | declare that the ab                    | NUC U                               | appears to be complerecording of this form              | County offi   | ice/VFS o  | operator no.<br>2901-62                     | 3-14-25                  |
|  | declare that the ab                    | NUC U                               | appears to be complerecording of this form              | County offi   | ice/VFS o  | operator no.<br>2901-62                     | as sufficient<br>3-14-25 |
| Total face and 6   | declare that the abdocumentation to po | pove application<br>roceed with the | appears to be complerecording of this form  X Signature | County offi   | ly, and th | operator no.<br>290\ - 60<br>ne applicant i | 3-14-25<br>Date          |
|  | declare that the abdocumentation to po | pove application<br>roceed with the | appears to be complerecording of this form  X Signature | County offi   | ly, and th | operator no.<br>290\ - 60<br>ne applicant i | 3-14-25<br>Date          |

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