

5/21/93

2708 Durlee #4018

**MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)**

JERRY MCINTURFF  
SKAGIT COUNTY AUDITOR

**Manufactured Home:** **9306090159**

Year 1978 **93 JUN -9** Make SHMAN Width 36 Length 60

Vehicle Identification 1A945C4240R ~~(A945C4240R)~~ *Plumber found on coach.*

REQUEST OF \_\_\_\_\_

**Registered Owners:**

Names Jeanne C. Olsen Signatures' Jeanne C. Olsen  
Jeanne C. Olsen

**Legal Owners:** Washington Inc. BENEFICIAL TRUST  
909 SE Everett Mill Way, Everett, Washington 98201

Names XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX Signatures' Russ Dale Branch Ref  
XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX

<sup>1</sup>SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 48.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/HEY OWN AND TO WHICH IT IS/IS BEING AFFIXED.

**Land to Which Manufactured Home Is Being Affixed:**

Property Tax Parcel Number 3822-000-050-0009

Legal Description Lot 50, Skyline No. 6, according to the plat thereof recorded in Volume 9 of Plats, pages 64 through 67A, records of Skagit County, Washington

Owners' Names Jeanne C. Olsen Signatures' Jeanne C. Olsen

<sup>2</sup>SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY LISED ABOVE.

**Building Permit Office Certification:**

I certify that the manufactured home has been affixed to the real property as described above and/or building permit number 4018 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.

John Caution John D. ANACORTES 3/7/93 293-1901  
NAME SIGNATURE BLDG. PERMIT OFFICE DATE PHONE NUMBER

**County Auditor/Agent Licensing Office Approval: (Not for use by subagents)**

I certify that the above application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form.

Anna Ramirez AR 29-01-07 6-9-93  
NAME SIGNATURE OFFICE/CAAP OPERATOR NUMBER DATE

**Recording Office:**

I certify that this form has been recorded in the county records.

Cheryl Jungquist Skagit 6/9/93 9306090159  
NAME SIGNATURE COUNTY DATE RECORDING NUMBER

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.