



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK SEPT 21 1994 9:30 SKAGIT COUNTY AUDITOR	FILED AT THE REQUEST OF: NAME ADDRESS
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Please check one T-71581-E

- TITLE ELIMINATION (Complete all but section 3, below)
- TRANSFER IN LOCATION (Complete ALL sections below)
- REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

9409210005

1 MANUFACTURED HOME			
TPO/PLATE NUMBER +07503	YEAR 84	MAKE BERKS	WIDTH/LENGTH 56/28
VEHICLE IDENTIFICATION NUMBER (VIN) ORFL2AE264803325			REQUEST BY

2 LAND	
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be	PROPERTY TAX PARCEL NUMBER 3867-000-003-0607

3 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership is true and correct per the real property records.			
NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE X	DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

4 BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.			BLOG PERMIT # 15716
NAME Sheryl Purcell	SIGNATURE/TITLE Sheryl Purcell Skagit Co	BLDG PERMIT OFFICE/PHONE # 340-9410	DATE 9/21/94

5 OWNER INFORMATION				
COUNTY # <input type="checkbox"/> INC <input type="checkbox"/> UNINC <input type="checkbox"/>	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	
NAME OF FIRST OWNER Stanley W. Latham		LATHAFW445M7		
NAME OF SECOND OWNER Lisa C. Latham		LATHALC420N9		
ADDRESS OF OWNER 1057 Jordan Road		..OR.. if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.		
CITY Burlington	STATE WA			ZIP CODE 98233
NAME OF FIRST LEGAL OWNER U.S. Savings Bank				TOTAL FEES & TAX \$
MAILING ADDRESS OF FIRST LEGAL OWNER 2221 Riverside Drive		More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.		
CITY Mount Vernon	STATE WA	ZIP CODE 98273	DEALER'S REPORT OF SALE	
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY		I certify that this information is correct. The vehicle is clear of encumbrances except as shown.		

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 of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):	WA DLR NO	DATE OF SALE	PURCHASE PRICE \$
	DEALER NAME		TAX JURISDICTION/TAX RATE
	DEALER'S AUTHORIZED SIGNATURE X		
	<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSE AGENT & NUMBER Nancy Lea Cleave	SUBSCRIBED TO AND SWORN BEFORE ME THIS 30th DAY OF August 1994	Residing in (County)- Skagit
6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)		
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.		
NAME CRYSTAL R. FERRIS	SIGNATURE Crystal R. Ferris	OFFICE/VFS OPERATOR NUMBER 29-01-10
		DATE 9-21-94

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