

ISLAND TITLE CO. SB-6809



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF:
6/21/95	NAME
	ADDRESS

Please check one

- 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)

1 MANUFACTURED HOME				9503210049
TPO PLATE NUMBER	YEAR	MAKE	WIDTH LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1994	SKYLINE LEXINGTON	42/56	2T91-0785-G ABC

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 AFFIXED REMOVED

PROPERTY TAX PARCEL NUMBER: 350401-0-013-0504

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	DATE
		X	

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.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	DATE
Marge Swint	Marge Swint	336-9410	3/6/95

5 OWNER INFORMATION

COUNTY	INC	UNINC	REGISTERED OWNERS	LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FEES
			2	1		FILING FEE

REGISTERED	NAME OF FIRST OWNER	CHASE, JOHN S.	CHASEJS514RR	MOBILE HOME FEES
	NAME OF SECOND OWNER	CHASE, SUSAN R.	CHASESK503D7	ELIMINATION
	ADDRESS OF OWNER	2098-20A GRIPP ROAD		USE TAX

LIESENER	NAME OF FIRST LEGAL OWNER	INTERWEST SAVINGS BANK	303135008	SUB-AGENT FEES
	MAILING ADDRESS OF FIRST LEGAL OWNER	P O BOX 1649		TOTAL FEES & TAX
	CITY	OAK HARBOR		\$

DEALER'S REPORT FOR SALE

WADER NO. OF SALE: 4272, 3-15-95, PURCHASE PRICE: \$55,000.00

DEALER NAME: [Signature], TAX JURISDICTION/TAX RATE: 7.5

DEALER'S AUTHORIZED SIGNATURE: [Signature]

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

NOTARY OR LICENSE AGENT'S NUMBER: MARCIA J. JENNINGS, SUBSCRIBED TO AND SWORN BEFORE ME THIS 10th DAY OF March 1995, Residing in (County) SKAGIT, My Commission Expires 10/5/96

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	SIGNATURE	OFFICE VFS OPERATOR NUMBER	DATE
UNSTAL R. FERRIS	[Signature]	29-01-10	3-21-95

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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number 350401-0-013-0504

Legal Description:

LOT 1 OF SKAGIT COUNTY SHORT PLAT NO. 93-076 AS APPROVED DECEMBER 8, 1993, AND RECORDED DECEMBER 15, 1993, IN VOLUME 11 OF SHORT PLATS, PAGE 31, UNDER AUDITOR' FILE NO. 9312150013, RECORDS OF SKAGIT COUNTY, WASHINGTON: BEING A PORTION OF THE SOUTH HALF OF GOVERNMENT LOT 4 OF SECTION 1, TOWNSHIP 35 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

SITUATED IN SKAGIT COUNTY, WASHINGTON.