



FIRST AMERICAN TITLE CO. 45499

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK 5:01 9507050007 '95 JUL -5 A9:06	FILED AT THE REQUEST OF: NAME ADDRESS
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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				
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1995	LIBERTY	28/60	09L29486XU

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 <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	PROPERTY TAX PARCEL NUMBER 360531-0-002-0202

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.			BLDG PERMIT # 95-0317

NAME TISH CAMPBELL	SIGNATURE/TITLE Tish Campbell Permit Proc. Agent	BLDG PERMIT OFFICE/PHONE # 360/336-4410	DATE 6/13/95
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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:
<input type="checkbox"/> <input type="checkbox"/>			

REGISTERED	NAME OF FIRST OWNER HOLMAN, HAROLD L.		CA DL. B3403277	FILING FEE APPLICATION
	NAME OF SECOND OWNER HOLMAN, PATRICIA A.		CA DL. A3689358	MOBILE HOME FEES
	ADDRESS OF OWNER 510 AERIE LANE		--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 600 453 730	ELIMINATION
	CITY SEDRO WOOLLEY	STATE WA		ZIP CODE 98284
LIEHOLDERS	NAME OF FIRST LEGAL OWNER* LYNNWOOD MORTGAGE CORPORATION, ITS SUCCESSORS		More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	SUB-AGENT FEES
	MAILING ADDRESS OF FIRST LEGAL OWNER P.O. BOX 5857 AND/OR ASSIGNS			TOTAL FEES & TAX \$
	CITY LYNNWOOD	STATE WA		ZIP CODE 98046
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY			DEALER'S REPORT OF SALE	
X Patti Denale UBI # 600 453 730			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 48.12.210). 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):				
X	Notary Signature	WA DLR NO DA 4934	DATE OF SALE 6-15-95	PURCHASE PRICE \$41,608.00
X	Notary Signature	DEALER NAME CAMPBELL HOMES	TAX JURISDICTION/TAX RATE 7.6%	
X	Notary Signature	DEALER'S AUTHORIZED SIGNATURE S. J. Campbell owner		
<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		SWORN BEFORE ME THIS		Residing in (County)
X		19 95		Skagit

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVALS (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 DEPT. OF LICENSING	SIGNATURE X	OFFICE/VFS OPERATOR NUMBER M01-02	DATE 7-5-95



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 360531-0-002-0202

Legal Description:

LOT 41, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.