



FIRST AMERICAN TITLE CO. A50090  
**MANUFACTURED HOME APPLICATION**

RECORDER'S CLOCK SKG	FILED AT THE REQUEST OF: NAME
'96 NOV 25 11:44	ADDRESS
REQUESTED BY	

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)

<b>1 MANUFACTURED HOME</b> <b>9611250050</b>				
TPO/PLATE NUMBER 75369	YEAR 79	MAKE modul	WIDTH/LENGTH 24/44	VEHICLE IDENTIFICATION NUMBER (VIN) 94578

<b>2 LAND</b>		PROPERTY TAX PARCEL NUMBER P59441
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		

<b>3 TITLE COMPANY CERTIFICATION</b>			
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.

<b>4 BUILDING PERMIT OFFICE CERTIFICATION</b>			
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 #
NAME ROBERT OSBORNE	SIGNATURE/TITLE X Robert Osborne - BLD. INSPECTOR	BLDG PERMIT OFFICE/PHONE #	DATE 11-8-96

<b>5 OWNER INFORMATION</b>					FEES	
COUNTY # INC <input checked="" type="checkbox"/> UNINC <input type="checkbox"/>	# REGISTERED OWNERS TWO	# LEGAL OWNERS TWO	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:		FILING FEE	
NAME OF FIRST OWNER Paul H Hansen				HANSEPH851KO	APPLICATION	
NAME OF SECOND OWNER Mary M Hansen				HANSEMM783QN	MOBILE HOME FEES	
ADDRESS OF OWNER 2704 Dundee Pl CITY Anacortes				..OR.. if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	ELIMINATION	
STATE WA					ZIP CODE 98221	USE TAX
NAME OF FIRST LEGAL OWNER Paul H Hansen				More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	TOTAL FEES & TAX \$	
MAILING ADDRESS OF FIRST LEGAL OWNER 2704 Dundee Pl CITY Anacortes					STATE WA	ZIP CODE 98221
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY. X <i>Mary M Hansen</i>				<b>DEALER'S REPORT OF SALE</b>		
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 & Title(s):  
X *Paul H Hansen*  
X *Mary M Hansen*

WA DLR NO	DATE OF SALE	PURCHASE PRICE \$
DEALER NAME	TAX JURISDICTION/TAX RATE	
DEALER'S AUTHORIZED SIGNATURE X		

NOTARY OFFICER/AGENT'S NUMBER X <i>[Signature]</i>	SUBSCRIBED TO AND SWORN BEFORE ME THIS 6th DAY OF November 1996	Residing in (County) Skagit
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<b>6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)</b>			
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 <i>[Signature]</i>	OFFICE/VFS OPERATOR NUMBER 2901-02	DATE 11-25-96

006/007

Order No. : A50090

SCHEDULE "C"

The land referred to herein is situated in the County of Skagit, State of Washington, and is described as follows:

Lot 48, "SKYLINE NO. 6", according to the plat thereof recorded in Volume 9 of Plats, Page 64, records of Skagit County, Washington.

9611250050

BK 1606 PG 0126