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Albert D. Yo		·	_	*O'7 .a.	15 02:56	
P.O. Box 482	<del></del>	9761	150084	197 JAN	15 93:56	
Concrete, WA	98237		-			
				REQUEST OF		
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T-80818	LE da	ind Sitt	· , , ,		· · · · · · ·	
STATE OF WASH  CENS  ***********************************	MA INC IATION TRANS	NUFACTUREI APPLICATION PLEASE CHECK FER IN LOCATION	NC	FROM REAL	PROPERTY	
MANUFACTURED TPO-PLATE NUMBER	YEAR MAKE	I ENGTUMENT VECTOR				
2 LAND	74 MARLETT	O X 14	VEHICLE IDENTIFICATION 40603			
MANUFACTURED HO		ADDITIONAL LEGAL DE			TITLE FEES	
P64	÷302	ED REMOVED	877-000-218-	UMBER 0010	FILING FEE	
218	Cedargro	We on the Skagi	SECTION	TOWNSHIP/RANGE	APPLICATION	
A legal description can buse the Application Area	A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.					
Lot 218, "CED	ARGROVE ON THE	SKAGTT" as now	unty Auditor's Office.		ELIMINATION FEE	
1	Tata, pages 48	thorugh 51, inc	lusive, reco	ed in rds of	USE TAX	
Skagit County	, Washington.				SUB-AGENT FEES	
					TOTAL FEES & TAX	
					COME PEES & IAX	
GRANTOR(S) REGIS	STERED/LEGAL OWNER		NAMES ON PAGE			
Skagir		ORATED # REGISTERED O	WNERS LEGAL OF			
NAME OF FIRST REGISTERED Albert D. Your	DOWNER Dker		1 1	OL CUSTOMER AC	COUNT NUMBER	
ADDRESS OF FIRST REGISTE P.O. Box 482	C	CITY	1001	STATE ZP	CODE	
NAME OF FIRST LEGAL OWNE	=H	(3. 90	VA C	8237		
ADDRESS OF FIRST LEGAL ON	aphne I. Kenealy	' Trust, Edward ciry	H. & Daphne	J. Sander	S. Trustee	
GRANTEE(S)	675, Burlington			SIRIE ZP	SODE	
NAME OF FIRST GRANTEE		ADDITIONAL	NAMES ON PAGE D	OL CUSTOMER ACC	OLINT NUMBER	
Anyone who knowingly	y makes a false statement	tof a material LDO SO				
punished by a fine, Imp	Hony, and upon convictions, and upon convictins, and upon convictions, and upon convictions, and upon convicti	tion may be LAW TH. W 46.12.210) THIS VEI	LEMNLY ATTESTU AT I / WE ARE THE HICLE AND THIS IN	REGISTEDEN	WNERS OF ACCURATE:	
SIGNATURE OF CIRCLE		SIGNATUR	RE OF FIRST REGISTERE	OWNER AND TITLE	E. IF APPLICABLE	
-NOTARY SEAL OR STAMP	OWNER AND TITLE, IF APPLICAE		RE OF SECOND REGISTER	RED OWNER AND TO	TLE, IF APPLICABLE	
	State of Washington	ATION / CERTIFICATION	<b>***</b>		NATURE	
	County of _	Skagit	Signed or att		7	
	   by Cand	does M. m				
	Pni	dace M. Taylor nted Name of Applicant	Signature C	<u>undaes</u>	m. Jacks	
•	Title	20110	Dealer AND: County	No. OR Office No. OR	0	
-, -	DEALER	ISHIP Position/Agent/NOTARY	Notary	Expiration Date		
DEAL EDIC DEPART	-					
DEALER'S REPORT OF S	ALE I cortify that this in	formation is correct. The	vehicle is clear of e	ncumbrances e	xcept as shown.	
			WA DEALER NUMBER	DATE OF S		
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	33.02.03.03.03.02.03.03				
USE TAX EXEM	IPY Sale to a Certified Trib	al member on the reserva	ation (attach notarize	d statement of de	elivery).	
certify that the above appli	ication appears to have be	'				
	of this form.		ic use applicant has s	ufficient docume	ntation to	
	evesa 1	edved	COL	INTY OFFICE YES 9	PERATOR NUMBER	
SIGNATURE	24 4 10 - 101	7/		1101		

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. ते क्रिकिट - ११TITLE 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 / POSITION

DATI:

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

G. 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 See Dermit # 10569

NAME

SK43: + County Permit Center

336-9410

1/15/97

SIGNATURE / POSITION

DATE

## **INSTRUCTIONS**

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW.

DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. Manufactured Home Title Elimination Application (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property.
- B. Manufactured Home Transfer in Location Application (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once property completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT ISWILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.

- Note: Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.
- SECTION 1 Enter the description of the manufactured home.
- SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.
- SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title. Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include; a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)
- SECTION 4 Take the property completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may not complete the approval portion of this form.
- SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal From Real Property" application. Important: The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.
- SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (oppending upon the location of the manufactured home) must certify that the home is affixed to the land; or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.
- IMPORTANT:

  Once the application has been approved by the County Auditor/Licensing Agent Office, take your application form to the County Recording Office. Retain proof of the recording tees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees.

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

TD-420-729 MANUF HOME APPL (R/12/96)OR Page 1 of 2

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## **OWNERSHIP**

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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

Bemoval From Real Property

Transfer In Location

			7	
PROPERTY TAX PARCEL NUMBER:	3877-000-218-	0010/P64302		
ADDITIONAL GRANTOR(S) REGIST	ERED/LEGAL OWNER	2(S)		· · · · · · · · · · · · · · · · · · ·
NAME OF REGISTERED OWNER			DOL CUSTOM	ER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		***	DOLCUSTOM	ER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		<del></del>	DOLCUSTOM	ER ACCOUNT NUMBER
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NAME OF REGISTERED OWNER			DOL CUSTOM	ER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DYO'L CHISTON	ER ACCOUNT NUMBER
Edward H. Sanders, Tri	ıstee			ER ACCOUNT NUMBER
Daphne J. Sanders, Tru	istee		50E 00310M	EN ACCOUNT NUMBER
			DOL CUSTOM	ER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOLCUSTOM	ER ACCOUNT NUMBER
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SIGNATURE OF LEGAL OWNER	X. le	Trustoe	244	ER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER COLL	- 9. Hande	- TT-	SANDED	ER ACCOUNT NUMBER
Anyone who knowingly makes a false		of fact is quilty of a fallow		O 63/7-12
by a fine, imprisonment, or both. (RC	W 46.12.210)	**		
I DO SOLEMNLY ATTEST UNDER PE	NALTY OF PURJURY I	AW THAT I/WE ARE T	HE REGISTERED OW	NERS OF THIS
VEHICLE AND THIS INFORMATION I	S ACCURATE:			
SIGNATURE OF REGISTERED OWNER				DATE
SIGNATURE OF REGISTERED OWNER				DATE
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State	County of		Signed or attested before me on	
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Trile			Dealer No. OR AND: County/Office No. OR	
	DEALERSHIP Position	AgenUNOTARY	Notary Expiration Date	

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 2 of 2

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