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Kathy Hill, Skagit County Auditor
1/28/2000 Page 1 of 2 11:23:13AM

RETURN ADDRESS

James B. Cameron
20374 E. STACKPOLE RD
MOUNT VERNON, WA, 98274

STATE OF WASHINGTON
Department of
Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
 TITLE ELIMINATION
 TRANSFER IN LOCATION
 REMOVAL FROM REAL PROPERTY

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, imprisonment, or both. (RCW 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
084305	1993	LIBERTY	28 X 44	09L26588XU

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P100882

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
LS 251091-081	AF#9202240042	Plat NW/4 SA 4 township 33 Range 4	4-33-4

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	1

NAME OF REGISTERED OWNER
JAMES B. CAMERON

NAME OF ADDITIONAL REGISTERED OWNER
N/A

ADDRESS	CITY	STATE	ZIP CODE
20374 E. STACKPOLE RD	MOUNT VERNON,	WA.	98274

NAME OF LEGAL OWNER
SAME AS ABOVE

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE

GRANTEE

NAME

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE James B. Cameron 1-28-2000

Signature of Additional Registered Owner and Title, IF APPLICABLE N/A

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington	County of <u>Skagit</u>	Signed or attested before me on <u>28 Jan 2000</u>
by <u>JAMES B. CAMERON</u>	Signature <u>Peggy A. Riedell</u>	NOTARY OR AGENT
by _____	PRINTED NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY
Title _____	DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>27-01-04</u> Dealer No. OR Notary Expiration Date

4 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME (TYPED OR PRINTED)	TITLE COMPANY / PHONE NUMBER

SIGNATURE / POSITION	DATE

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

5 BUILDING PERMIT OFFICE CERTIFICATION

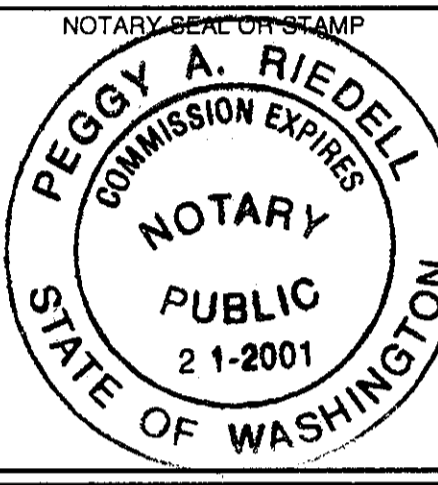
I certify that: the manufactured home has been affixed to the real property as described.
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<u>Cindy Gauthier</u>	<u>360-336-9410</u>	<u>93-0721 AKA 26796</u>
SIGNATURE / POSITION	SKAGIT COUNTY PERMIT CENTER	DATE
<u>Cindy Gauthier</u>		<u>1/28/2000</u>

6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE James B. Cameron
 Signature of Additional Legal Owner and Title, IF APPLICABLE N/A

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>28th Jan. 2000</u>
	by <u>James B. Cameron</u> PRINT NAME OF LEGAL OWNER	Signature <u>Peggy A. Riedell</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR <u>29-01-04</u> Dealer No. OR _____ Notary Expiration Date _____

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

LOT 2 OF SHORT PLAT 91-081, SEC 4, TWN 33, RANGE 4

8 DEALER'S REPORT OF SALE

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED)	WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE

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

9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)

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 (TYPED OR PRINTED) <u>Peggy A. Riedell</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>Peggy A. Riedell</u>	DATE <u>1/28/2000</u>

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees 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. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

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

