



200101080075

Skagit County Auditor

1/8/2001 Page 1 of 2 1:53:10PM

RETURN ADDRESS

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**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 @ 01686	YEAR 1974	MAKE LEMSR	LENGTH/WIDTH(FEET) 65 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 50711
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**2 LAND LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
3994-000-077-000 R68930

LOT 76 & 77	BLOCK	PLAT NAME Sauk River Estates	SECTION/TOWNSHIP/RANGE 18/34/10
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER  
Joanne E. Bell

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE  
14935 State Route 530 Concrete WA 98237

NAME OF LEGAL OWNER  
Joanne E. Bell

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
14935 State Route 530 Concrete WA 98237

GRANTEE  
NAME  
Joanne E. Bell

ADDRESS CITY STATE ZIP CODE  
14935 State Route 530 Concrete WA 98237

GRANTEE  
NAME  
Joanne E. Bell

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 *Joanne E. Bell*

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>
	State of Washington County of _____ Signed or attested before me on <u>1-8-01</u>
	by <u>JOANNE E. BELL</u> Signature <u>[Signature]</u> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
	by _____ PRINTED NAME OF REGISTERED OWNER <u>29-01-10</u> PRINTED NAME OF NOTARY
	Title _____ AND: County/Office No. OR 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) TRICIA WRIGHT	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 360 336-9410	BLDG PERMIT # # 24898
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SIGNATURE / POSITION <i>Tricia Wright</i> Development Review Technician	DATE 1-8-01
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**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 \_\_\_\_\_

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. <b>OR</b> Dealer No. <b>OR</b> Notary Expiration Date _____
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		<b>AND:</b>

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

Lots 76 and 77, "Sauk River Estates"

**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
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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) CRYSTAL R. BURRESS	COUNTY OFFICE/VFS OPERATOR NUMBER 29-01-10
SIGNATURE Crystal R. Burress	DATE 1-8-01

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



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, Skagit County Auditor,