

**RETURN ADDRESS**

Dennis Taylor  
 17193 Lake View Blvd.  
 Mount Vernon, WA 98274



200106270085  
 Skagit County Auditor  
 6/27/2001 Page 1 of 2 11:57:15AM

P-95023-E

**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)
	2001	Marlette	56 X 26.8	H-019597 A/B

**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED **REAL PROPERTY TAX PARCEL NUMBER** 3882-000-011-0004/P64401

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
11		Cheastys Big Lake Tracts	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER  
Dennis R. Taylor

NAME OF ADDITIONAL REGISTERED OWNER  
Janis M. Taylor

ADDRESS CITY STATE ZIP CODE  
17193 Lake View Blvd., Mount Vernon, WA 98274

NAME OF LEGAL OWNER  
Washington Mutual Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
1336 Cornwall Ave./CRN01ML, Bellingham, WA 98225

**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 *Dennis R Taylor*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Janis M Taylor*



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit Signed or attested before me on 6/13/01

by Dennis R. Taylor Signature *Candace M Taylor*  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Janis M. Taylor *Candace M. Taylor*  
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title notary AND: County/Office No. OR Dealer No. OR 171/05  
 DEALERSHIP POSITION/AGENT/NOTARY 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 #  
*Tisha Campbell* SKAGIT COUNTY PERMIT CENTER 360/336-9417 19P00-1572

SIGNATURE / POSITION DATE  
*Tisha Campbell* support services Tech 06/20/01

**6 SIGNATURE OF LEGAL OWNER**

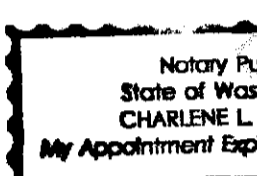
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE BA Noble, manager

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

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE



State of Washington  
County of Whatcom Signed or attested before me on 6-5-01  
Signature Charlene L Meyers  
PRINT NAME OF LEGAL OWNER BA Noble mgr PRINTED NAME OF NOTARY Charlene L Meyers  
Title Notary AND: County/Office No. OR 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 11, "PLAT OF CHEASTYS BIG LAKE TRACTS, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 4 of Plats, page 49, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

**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>RODRIGO ANGULO</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-05</u>
SIGNATURE <u>[Signature]</u>	DATE <u>6-27-01</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  
If you need special accommodatio

