

RETURN ADDRESS

Mr. & Mrs. Robin Roth

7664 Logsdon Lane

Concrete, WA 98237



200108090126
Skagit County Auditor

8/9/2001 Page 1 of 2 11:27:16AM

P-96969-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

TPQ / PLATE NUMBER 8120126	YEAR 1998	MAKE LAMP	LENGTH/WIDTH(FEET) X	VEHICLE IDENTIFICATION NUMBER (VIN) 9820146007
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
4660-000-007-0000-108407

LOT 7	BLOCK	PLAT NAME Plat of Eagle Hill	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Robin H. Roth

NAME OF ADDITIONAL REGISTERED OWNER
Melissa J. Roth

ADDRESS 7664 Logsdon Lane	CITY Concrete	STATE WA	ZIP CODE 98237
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NAME OF LEGAL OWNER
Whidbey Island Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 265 York Street	CITY Bellingham	STATE WA	ZIP CODE 98225
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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

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 7/13/01

by Robin H. Roth PRINT NAME OF REGISTERED OWNER Signature _____ NOTARY OR AGENT Nancy Lea Cleave

by Melissa J. Roth PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY _____

Title _____ AND: County/Office No. OR 9-1-02 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) TAWNEE BOSMAN SKAGIT COUNTY PERMIT CENTER	BLDG PERMIT OFFICE/PHONE # 334-9410	BLDG PERMIT # 98-0678
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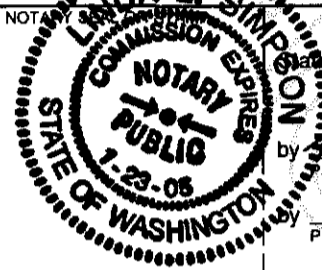
SIGNATURE / POSITION Tawnee Bosman Support Services	DATE 08/08/01
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6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE Whidbey Island Bank
[Signature]

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Whatcom Signed or attested before me on 8-1-01
by Linda L. Simpson Signature [Signature] NOTARY OR AGENT
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY
Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-23-05
DEALERSHIP POSITION/AGENT/NOTARY

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

Lot 7, "PLAT OF EAGLE HILL", as per plat recorded in Volume 16 of Plats, pages 67 and 68, records of Skagit County, 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	
<input type="checkbox"/> 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>8-9-01</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
If you need special accommo

