



200108300127
 Skagit County Auditor
 8/30/2001 Page 1 of 2 3:06:33PM

RETURN ADDRESS

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

TRD / PLATE NUMBER W 84668	YEAR 70	MAKE Broadmoor	LENGTH/WIDTH(FEET) 60X12	VEHICLE IDENTIFICATION NUMBER (VIN) 52420
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P68712

LOT 1	BLOCK 32 Inc	PLAT NAME Samish River Park	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER P68712	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Donna R Martin

NAME OF ADDITIONAL REGISTERED OWNER
10827 Jordan Rd

ADDRESS
10827 Jordan Rd CITY Burlington STATE Wa ZIP CODE 98233

NAME OF LEGAL OWNER
Donna R Martin

NAME OF ADDITIONAL LEGAL OWNER
Same

ADDRESS
10827 Jordan Rd CITY Burlington STATE Wa ZIP CODE 98233

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 Donna R Martin

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 8/30/01

LINDA R. SWENSON
 NOTARY PUBLIC
 STATE OF WASHINGTON
 COMMISSION EXPIRES AUGUST 3, 2002

by Donna R Martin
 PRINT NAME OF REGISTERED OWNER

Signature Linda R. Swenson
 NOTARY OR AGENT
Linda R. Swenson
 PRINTED NAME OF NOTARY

Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date 8/3/02

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 BLDG PERMIT OFFICE/PHONE # 336-9410 SKAGIT COUNTY PERMIT CENTER BLDG PERMIT # 152

SIGNATURE / POSITION Tawnee Bosman DATE 08/29/01

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 _____

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 _____	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 _____
Title _____ DEALERSHIP POSITION/AGENT/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)

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) <i>Rusty Lowrey</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Rusty Lowrey</i>	DATE <i>8/30/01</i>

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

