



200212090199
Skagit County Auditor

12/9/2002 Page 1 of 2 211:37AM

RETURN ADDRESS

MHCI
PMB 289
370 East Camano Dr #5
Camano Island, WA 98282

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 #1197M	YEAR 1991	MAKE Spring	LENGTH/WIDTH(FEET) 28 X 48	VEHICLE IDENTIFICATION NUMBER (VIN) 1R910352DAB
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
34043520030008

LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SP 106-79 V4, P7, 35/34/4	QUARTER/QUARTER SECTION
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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 0
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NAME OF REGISTERED OWNER: Charles A. Gazari DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER: Barbara Gazari DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 22141 Little Mountain Road CITY: Mount Vernon STATE: WA ZIP CODE: 98273

NAME OF LEGAL OWNER: Same As Registered. DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER: DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: CITY: STATE: ZIP CODE:

GRANTEE

NAME: To The public

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]*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *[Signature]*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Snohomish Signed or attested before me on 6/9/02

Charles A. Gazari Signature: *[Signature]*
Barbara Gazari Signature: *[Signature]*

PRINT NAME OF REGISTERED OWNER: Charles A. Gazari
PRINT NAME OF REGISTERED OWNER: Barbara Gazari

PRINTED NAME OF NOTARY: CLAIRES CHIACCA
County/Office No. OR 11-29-05
Dealer No. OR
Notary Expiration Date

NOTARY SEAL OR STAMP: CLAIRES CHIACCA, STATE OF WASHINGTON, PUBLIC NOTARY, COMMISSION EXPIRES 11-29-05

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): Cindy Gauthier BLDG PERMIT OFFICE/PHONE #: 360-336-9410 BLDG PERMIT #: BP02-0517

SIGNATURE / POSITION: Cindy Gauthier SKAGIT COUNTY PERMIT CENTER DATE: 12-5-02

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

TRACT 2 OF SHORT PLAT NO. 106-79, APPROVED DECEMBER 4, 1979, AND RECORDED DECEMBER 7, 1979, UNDER AUDITORS FILE NO. 7912070001, IN VOLUME 4 OF SHORT PLATS, PAGE 7, RECORDS OF SKAGIT COUNTY, WASHINGTON. BEING A PORTION OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 35, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

SITUATED 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) <i>U.S. Financial Network, Inc</i>	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>Harrie Whitis</i>	COUNTY OFFICE VES OPERATOR NUMBER <i>2901-21</i>
SIGNATURE <i>[Signature]</i>	DATE <i>12/9/02</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, please call (360) 902-3600 or TTY (360) 664-8885.



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