RETURN ADDRESS	200212170115
	Skagit County Auditor 1 of 2 1:19PM
	12/17/2002 Page 1 or 2 1.1.5
MANUFACTURED Department of APPLICATIO Anyone who knowingly makes a false statement of a material fact of a felony, and upon conviction may be punished by a fine, Impri	ON TITLE ELIMINATION TRANSFER IN LOCATION IS QUILLY IS QUILLY
1 MANUFACTUREDHOME	
170 / PLATE NUMBER YEAR WAKE STY LENGTH WINDTHIFT	EET) VEHICLE IDENTIFICATION NUMBER (VIN)
	EGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE AFFIXED REMOVED	REAL BROPERTY TAX PARCEL NUMBER
LOT 14 BLOCK PLAT NAME	SECTION/TOWNSHIP/DANGE
	AVACURTES DE DAGE
GRANTOR(S) REGISTERED/LEGALOWNER(S) COUNTY NUMBER OF REGISTERED OW	DDITIONAL NAMES ON PAGE
29	-0-
TRIEST-JUSTIN EDWARD-TRUST	- GLORIA T. PRIEST TRUSTER
NAME OF ADDITIONAL REGISTERED OWNER D. A. C.	C 4A 9877
ADDRESS CITY	STATE ZIP CODE
	A.,
NAME OF LEGAL OWNER ——O—	
NAME OF ADDITIONAL LEGAL OWNER	
ADDRESS CITY	STATE ZIP COOE
GRANTEE	
SAME AS GRANTUR	
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I	/ WE ANVARE THE REGISTERED OWNER(S) OF THIS
VEHICLE AND THIS INFORMATION IS ACCURATE:	16 10 10 100
Signature of Registered Owner and Title, IF APPLICABLE	jan a juis
Signature of Additional Registered Owner and Title, IF APPLICABLE _	Levia Prices
NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICA	ATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of	Signed or attested 12V/16
A NOTE OF STREET	
by PRINT NAME OF REGISTERED OWNER	Signature NOTAPAOR AGENT
Doy Market	+ Jennifer Bridge
PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY County/Office No. OR
Title OHCONARY DEALERSHIP POSITION/AGENT/NOVARY	AND: Dealer No. OR // \(\alpha\)
4 TITLE COMPANY CERTIFICATION	
I certify that the legal description of the land and ownership is true and c NAME (TYPED OR PRINTED)	COFFECT PET THE FEAT PROPERTY FECORDS.
SIGNATURE (POSITION	DATE
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. se and the attachment will be inspected upon completion.
NAME (TYPED OR PRINTED) BLDG PERMIT OFFICE/	PHONE # 34 9415 BLDG PERMIT#

SKAGIT COUNTY POLITIC CONTEX

59 - 1122 DATE 12/17/02

TANNEE BOSMAN

SIGNATURE / POSITION

6 SIGNATURE OF I	EGAL OWNER						
		ATES CONSENT FO	R ELIMINATION OF	TITLE/REMOVAL F	ROM REAL PROPERTY.		
)						
Signature o	Legal Owner and T	itle, IF APPLICABLE					
Signature of Additiona	at Legal Owner and T	itie, IF APPLICABLE					
NOTARY SEAL OR S	2 T 5 7 3 7 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CERTIFICATION FO	R LEGAL OWNER(S)	SIGNATURE		
	State of	Washington		Signed or attested			
		County of		before me on			
		A STATE OF THE STA					
	j by	T NAME OF LEGAL OWNE	9	Signature	SENT		
	10.5	NAME OF LEGAL OWNE	n .	NOTALL	20,151		
	by	T NAME OF LEGAL OWNE	R F	PRINTED NAME OF NOTAR	Υ		
	Normal States			County/Office No. OR AND: Dealer No. OR			
	Title DEAC	ERSHIP POSITION/AGENT	T/NOTARY		iration Date		
7 LAND DESCRIPT	ION (A legal descr	iption of the land ca	in be obtained from t	he local County Ass	essor's Office		
Danzel A	10010	16 14/1/1	CLIP. BLOC	KJR"RAILK	OAL		
PARCULA.	1015 (10	- 10	A A	CARDING TO	o the		
ADDITION TO	D ANACORI	es he in	SHITTE THE	15 The 1	A CTI A L		
RECORDED	PLAT The	ROT IN TH	e same A	or ine	1401100		
DESKAGS	TEGUNTY	I WAShiw	GTON, IN V	olumes o	F PLATS,		
- ·	, = 50 /						
Page 36.		N. W	, where the same of the same o				
			Marine Marine Marine				
8 DEALER'S REPO	ORT OF SALE						
I CERTIFY THAT T	HIS INFORMATION SALES TAX HAS B	HIS CORRECT. THE	VEHICLE IS CLEAR	OF ENCUMBRANCES	S EXCEPT AS SHOWN.		
DEALER NAME (TYPED OF		LEN OOLLLOILD.	WAE	DEALER NUMBER	DATE OF SALE		
			. //	A A			
PURCHASE PRICE	TAX JURISDICTIO	ONTAX RATE DEALER	S AUTHORIZED SIGNATUR	JE /			
			A STATE OF THE STA	1			
			on the reservation (att		nt of delivery).		
			OVAL: (Not for use b		11		
i certify that the above a		o have been complete	d correctly, and the app	licant has sufficient do	cumentation to proceed with		
NAME (TYPED OR PRINTE			Lcour	NTY OFFICENES OPERATO	OR NUMBER		
Dem !	A RIEN	ELICA!	HANA	29-11-0			
SIGNATURE		2.0	117710		DATE		
Leane	X.OC	so OtXIII e	enous		12/1/100		
10 TITLE FEES	1						
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES		
	(<u> </u>				TOTAL FEES & TAX		
				4			
	•						
IMPORTANT:			approved by the Co				
Licensing Office, take your application form to the County Recording Office, Retain proof of the recording fees paid. If the Recording Office retains							
			btain a certified co				
							
APPL			st return to a Vehic				
Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.							
<u></u> _	ncen:	strig subagents ch	arge a service ree.				
			or Title Elimination,				

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The Department of Licensing has a policy of providing equal access to its services. 200212170115 Skagit County Auditor 02 Page 2 **