

RETURN ADDRESS



200304240128  
Skagit County Auditor

4/24/2003 Page 1 of 2 12:04PM

CHICAGO TITLE CO. 25712

**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)
	1990	Oakma	40 X24	06910484ZAB

**2 LAND**

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3990-000-062-0010 P68753

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
62		Samish River Park Division No. 1	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	1

NAME OF REGISTERED OWNER: LANNA LEVAN

NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS	CITY	STATE	ZIP CODE
18750 Fisherman Loop	Burlington	WA	98233

NAME OF LEGAL OWNER: GreenPoint Mortgage Funding, Inc.

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
330 120th Ave NE Suite 210	Bellevue	WA	98005

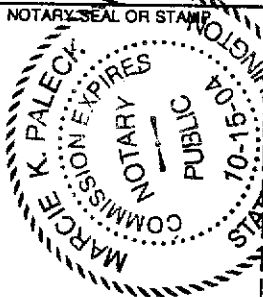
**GRANTEE**

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: Lanna Levan

Signature of Additional Registered Owner and Title, IF APPLICABLE:



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

State of Washington  
County of Skagit

Signed or attested before me on 3/19/03

PRINT NAME OF REGISTERED OWNER: Lanna Levan Signature: Marcie K. Paleck  
 PRINT NAME OF REGISTERED OWNER: \_\_\_\_\_ PRINTED NAME OF NOTARY: Marcie K. Paleck  
 Title: Notary AND: County/Office No. OR Dealer No. OR 10/15/04  
 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 #
<u>Georgine Rosson</u>	<u>SKAGIT COUNTY PERMIT CENTER 336-9410</u>	<u>20864</u>
SIGNATURE / POSITION	DATE	
<u>Georgine Rosson, Support Services</u>	<u>4/22/03</u>	

**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 Amber R. Elam

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

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>3-26-03</u>
	by <u>Greenpoint mtg</u> PRINT NAME OF LEGAL OWNER	Signature <u>Janine Robbins</u> NOTARY OR AGENT
	by <u>Amber R. Elam</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Janine Robbins</u>
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR <u>8-1-04</u> Notary Expiration Date	

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

Lot 62, SAMISH RIVER PARK, DIVISION NO. 1, according to the Plat thereof, recorded in Volume 9 of Plats, pages 43 and 44, records of Skagit County, Washington. Situated in 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>Indriego Anqueto</u>	COUNTY OFFICE/WFS OPERATOR NUMBER <u>290202</u>
SIGNATURE <u>[Signature]</u>	DATE <u>04/24/03</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 policy of providing equal access to its services. If you need special accommodations, please call 1-800-541-8885.

