

RETURN ADDRESS

ALFRED V. MILLER  
PO Box 1935  
ANACORTES, WA.  
98221



200304300060  
Skagit County Auditor

4/30/2003 Page 1 of 2 10:12AM

**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**

TYPE / PLATE NUMBER 06 Oct 95	YEAR 1976	MAKE FOURSEASONS	LENGTH/WIDTH (FEET) 60 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 5352
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
5822-000-055-0004

LOT 55	BLOCK	PLAT NAME "SKYLINE DIVISION NO. 6"	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS 2
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NAME OF REGISTERED OWNER  
GAMER AS BELOW

NAME OF ADDITIONAL REGISTERED OWNER  
GAMER AS BELOW

ADDRESS CITY STATE ZIP CODE

NAME OF LEGAL OWNER  
ALFRED V MILLER

NAME OF ADDITIONAL LEGAL OWNER  
CATHERINE M MILLER

ADDRESS CITY STATE ZIP CODE  
2709 DUNDEE PL. ANACORTES, WA. 98221

**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 *alfred v. miller*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Catherine m. miller*

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of *Skagit*

Signed or attested before me on *30 April 03*

by *Alfred & Catherine Miller* Signature *[Signature]* NOTARY OR AGENT

by \_\_\_\_\_ PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title \_\_\_\_\_ AND: County/Office No. OR Dealer No. OR Notary Expiration Date *290124*

**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 #

*Larry Andrews 293-1901*

SIGNATURE / POSITION DATE  
*Building Inspector Larry Andrews 4/25/03*

**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	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	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 County/Office No. OR Dealer No. OR Notary Expiration Date
Title DEALERSHIP POSITION/AGENT/NOTARY _____	<b>AND:</b>	

**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	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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>PEPPY A. BIEDELL GRAHAM</i>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <i>29-01-01</i>
SIGNATURE <i>Peppy A. Biedell Graham</i>	DATE <i>4/30/03</i>

**10 TITLE FEES**

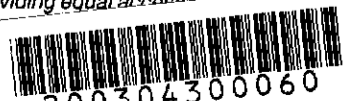
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

**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. If you need special accommodation, please call 1-800-541-5000.



Skagit County Auditor