



200411150149  
Skagit County Auditor

11/15/2004 Page 1 of 2 3:06PM

RETURN ADDRESS

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**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**

PO / PLATE NUMBER 1091840	YEAR 1994	MAKE Flectwood	LENGTH/WIDTH(FEET) 48X 27	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLR4817763G4
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER P64937

LOT Part Lt 2	BLOCK	PLAT NAME Dieters Acreage	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 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER  
ALAN D. SKILES

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS 9599 Whatcom Ln	CITY Sedro Woolley	STATE WA	ZIP CODE 98284
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NAME OF LEGAL OWNER

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
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**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 Alan Skiles

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 <u>Skagit</u>	Signed or attested before me on <u>11/15/04</u>
	by _____ PRINT NAME OF REGISTERED OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>2901-7</u> 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) <u>Elaine Pitman</u>	BLDG PERMIT OFFICE/PHONE # <u>336-7410</u> <b>SKAGIT COUNTY PERMIT CENTER</b>	BLDG PERMIT # <u>BP 040625</u>
SIGNATURE / POSITION <u>Elaine Pitman, Permit Technician</u>		DATE <u>11-15-04</u>

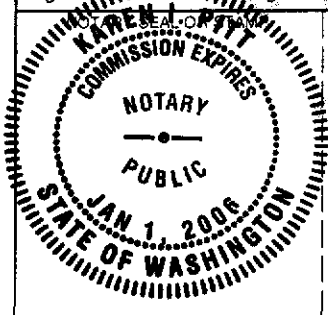
**6 SIGNATURE OF LEGAL OWNER**

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

*Alan D Skiles*

Signature of All Legal Owner and Title, IF APPLICABLE



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

State of Washington  
County of *Skagit*

Signed or attested before me on *11-15-04*

by *Alan D Skiles*  
PRINT NAME OF LEGAL OWNER

Signature *Karen I Pitt*  
NOTARY OR AGENT

by  
PRINT NAME OF LEGAL OWNER

*Karen I Pitt*  
PRINTED NAME OF NOTARY

Title *Notary*  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR  
Dealer No. OR *1-1-06*  
Notary Expiration Date

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

*S 150' of W 131' of Lt 2 Deiters Acreage*

**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)	COUNTY DEPARTMENT OPERATOR NUMBER
<i>Harrie McCre</i>	<i>2901-2</i>
SIGNATURE	DATE
<i>Harrie McCre</i>	<i>11/15/04</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 accommodations, please contact us.



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