200411180059 Skagit County Auditor

RETURN ADDRESS Land Title Company 1080 NE 7th Avenue Oak Harbor, WA 98277 2004 Auditor Skagit County Auditor 11/18/2004 Page 1 of 211:34AM

LAND TITLE OF SKAGIT COUNTY

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STATE OF WASHINGTON Department of	N. V	MANU	FACTURED HO	ME		PLEASE CHECK ON	7
			PPLICATION		X TIT	LE ELIMINATION	
Licensing		1.			∀ TRA	NSFER IN LOCATION	N
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Anyone who knowingly	makes a false s	tatement of a r	naterial fact is guilty of	a felony, a	PROPI nd upon con		ed by a
fine, imprisonment, or b							
MANUFACTURE	D HOME						
TPO / PLATE	YEAR	and the second of the second o	MAKE	LENC		VEHICLE	
NUMBER	2004		 Marlette	(FEE)		IDENTIFICATION NUMBER (VIN)	
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LAND			ž	LEGA	L DESCRI	PTION ON PAGE	2
MANUFACTURED HO	ME WILL BE	x AFFD	KED REMOVEI		L PROPERT -000-070-001	Y TAX PARCEL NU 9 P68768	MBER
GRANTOR(S) RE	GISTERED/	LEGAL OW	NER(S)	ADD	ITIONAL N	NAMES ON PAGE	
COUNTY NUMBER	1 _	- X	EGISTERED OWNERS		NUMBER One	OF LEGAL OWNERS	
NAME OF REGISTERE		me E		<u>.</u>	I One		
Teresa Ackerlund							
NAME OF ADDITIONA	L REGISTERE	D OWNER					
ADDRESS			CITY	*	STATE	ZIP CODE	• • • • • • • • • • • • • • • • • • • •
18709 Jolly Road			Burlington	<u> </u>	WA	98233	
NAME OF LEGAL OWN	IER		Secretary and the second				
Teresa Ackerlund	L LEGAL ON	. Iron		<u> </u>			
NAME OF ADDITIONA	L LEGAL OW	NER	The state of the s		k.		
ADDRESS 18709 Jolly Road			CITY Burlington		STATE WA	ZIP CODE 98233	
			Burmgon	1 /	· WA	78233	
GRANTEE			<u> </u>		<u> </u>		
NAME				" Charles and the second			
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MMISS/ON	Coun by	ry or Teresa Acker	Island		Signature	NA 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ach
Z VONON	\$ 61		of Registered Owner			NOTARY OR AGE	NT
NOTA A	P. A.				Joanna	L Dembach	
A VBLIC	S = 1	Printed Name	of Registered Owner	_		TED NAME OF NOTA	
1,0.00	تتنو بربر		Notary		County	/Office No. OR 6/2 Dealer No. OR	9/04
WASHING	Title		notan.	A		Expiration Date	
M. Williams	, c. c.	DEALERS	HIP POSITION/AGENT	/NOTARY	-		
TITLE COMPAN	Y CERTIFIC	CATION					
I certify that the lega	l description	of the land	and ownership is tru	e and cor	rect per the	real property reco	ords.
NAME (TYPED OR PRI	NTED)		TI	TLE COM	PANY/PHON	E NUMBER	
SIGNATURE/POSITION			D.A	TE	_		
Finalize this application	with a Tigonei		- 10 salandan dana - 645	o d-4- Titl	. C]	

certify tha				will be inspecte	d unan aammlation
	\ building permit ha	s been issued for this pur			at upon completion.
	ed or printed) e Pitmar		MIT OFFICE/PHONE # 3. JNTY PERMIT CENTER	36-9410 BI	DG PERMIT # 6
GNATURE/ Elain	position e Bitman	, Remit I	echnician		11-4-04
IGNATURE ROPERTY.	Signature of Le	OWNER R INDICATES CONSENT gal Owner and Title, IF APP gal Owner and Title, IF APP	PLICABLE (1)	OF TITLEMENT	OVAL FROM REAL
NOTARY S	DERNO DERNO	State of Washing Count by Teresa Acke Printed Name of Printed Name of	ty of Island erlund of Legal Owner	Joanna L Do PRINTED NA Coun AND: Notar	before me on /7, 200
LANDI		DEALERSHIP	TOSTHOW AGEN PROT	ARI	<u></u>
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