



200504190005
Skagit County Auditor

4/19/2005 Page 1 of 2 8:58AM

RETURN ADDRESS

First American Title
PO Box 11667
Mount Vernon, WA
98273
72021

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)
	1979	marle	52 X 24	024252JUL90722B

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 065567

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
10		Glenwood Acres	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER		
Cliff Kelly			
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER		
Sharon E. Williams			
ADDRESS	CITY	STATE	ZIP CODE
9585 Glenwood Acres Rd.	Sedro Woolley	WA	98284
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER		
Washington Mutual	601-576-388		
NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER		

ADDRESS	CITY	STATE	ZIP CODE
1309-114th Ave. SE #302	Belleme	WA	98004

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 Cliff Kelly

Signature of Additional Registered Owner and Title, IF APPLICABLE Sharon E. Williams

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 2/10/03

by Cliff Kelly Signature Kenn M. Kerk
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Sharon E. Williams Kenn M. Kerk
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Clerk AND: County/Office No. OR 12/15/05
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 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 and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #

Georgine Rosson SKAGIT COUNTY PERMIT CENTER 336-9410 BP02-1539

SIGNATURE / POSITION DATE

Georgine Rosson / Support Services 1/9/03

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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885

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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

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's records of sales + county.
TR 10 'blended Acres Plat', as per plat recorded in vol 7 of plats, page 95.

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 _____

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) *Hurst Lowrey*
SIGNATURE *Hurst Lowrey*
DATE *4/19/05*
COUNTY OFFICE/FS OPERATOR NUMBER *230008*

10 TITLE FEES

FLING 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.