



200505250052  
Skagit County Auditor

RETURN ADDRESS

Christopher P. Forster  
8209 64th Street SE  
Snohomish, WA 98290

5/25/2005 Page 1 of 2 11:14AM

CHICAGO TITLE COMPANY IC34744 ✓

**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)
	1983	BERKS	44 X 24	WAFL2AD15314552

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER P66185

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
12		IDLEWOOD	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER  
Christopher P. Forster

NAME OF ADDITIONAL REGISTERED OWNER  
Tanya J. Forster

ADDRESS CITY STATE ZIP CODE  
8209 64th Street SE Snohomish WA 98290

NAME OF LEGAL OWNER

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE

**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 *[Signature]*

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit

Signed or attested before me on 5-18-05

Signature *[Signature]*  
NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER Christopher P. Forster

Signature *[Signature]*  
PRINTED NAME OF NOTARY Cassandra M. Mitchell

PRINT NAME OF REGISTERED OWNER Tanya J. Forster

County/Office No. OR AND: Dealer No. OR 3/10/09  
Notary Expiration Date

Title NOTARY PUBLIC DEALERSHIP POSITION/AGENT/NOTARY

**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) Cass Mitchell TITLE COMPANY / PHONE NUMBER Chicago Title 360-424-1700

SIGNATURE / POSITION *[Signature]* DATE 5/20/05

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) TISH CAMPBELL, Skagit County Planning BLDG PERMIT OFFICE/PHONE # 360/536-9410 BLDG PERMIT # BPO5-0508

SIGNATURE / POSITION *[Signature]* DATE 05/23/05

**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)**

Lot 12, Idlewood, according to the plat thereof recorded in Volume 8 of Plats, page 25, records of 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"/> <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>Kristy Lowery</i>	COUNTY OFFICE/VES OPERATOR NUMBER <i>290708</i>
SIGNATURE <i>Kristy Lowery</i>	DATE <i>5/25/05</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  
 If you need special accommodation, please



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