



200607180080
 Skagit County Auditor

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RETURN ADDRESS

Karen Long
2308 Grant Pl
Anacortes, WA 98221

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

TO / PLATE NUMBER	YEAR	MAKE	LENGTHxWIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
076110	1976	Gibra	60X24	92463

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 259406

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
16		SKYLINE 6	27 35 01

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

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

NAME OF REGISTERED OWNER
Karen A Long

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
2308 Grant Pl Anacortes WA 98221

NAME OF LEGAL OWNER

NAME OF ADDITIONAL LEGAL OWNER

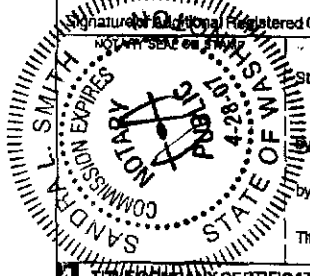
ADDRESS CITY STATE ZIP CODE

GRANTEE
 NAME Karen A. Long LONG*KA 273MD

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 Karen Long

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested by me on 7/1/06

Karen Anne Long Signature [Signature] NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER

Sandra L. Smith PRINTED NAME OF NOTARY

DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR 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

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 360-293-1901

SIGNATURE / POSITION DATE

[Signature] Building Inspector 7/10/06

CL-0493

UNRECORDED

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: *Karen Anne Lusk*
 Signature of Agent and Title, IF APPLICABLE: _____
 NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington County of *Skagit* Signed or attested before me on *7/7/06*
 PRINT NAME OF LEGAL OWNER: *Karen Anne Lusk* Signature: *[Signature]*
 by PRINT NAME OF LEGAL OWNER: _____ NOTARY OR AGENT
 PRINT NAME OF NOTARY: *Sandra L. Smith* *exp 4/28/07*
 Title: _____ County/Office No. OR Dealer No. OR Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)
 Lot 16, Skyline No. 6, according to the Plat thereof in Volume 9 of Plats, Page 64 through 67A, records of Skagit County, Washington Also includes 1976 Gibraltar 60x24 mobile home. SERIAL NO 92463

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): *J Moore* COUNTY OFFICE/VS OPERATOR NUMBER: *2901-26*
 SIGNATURE: *[Signature]* DATE: *7-18-06*

10 TITLE FEES

FILED 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 accommodation, please call (360) 502-3600 or TDD (360) 664-8885.



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CITY OF ANACORTES PERMIT CENTER

P. O. BOX 547, ANACORTES, WA 98221

PHONE (360) 293-1901

FAX (360) 293-1938

EDWIN FRANK, BUILDING OFFICIAL

July 14, 2006

Karen Long
2308 Grant Place
Anacortes, WA 98221

RE.: Title Elimination

Dear Ms. Long;

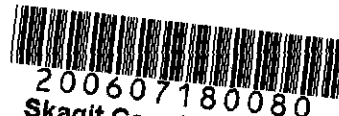
Please be advised that the current permit file for 2308 Grant Place does not contain permit information dating to the time of instillation of the mobile home at this site. We have a permit on file that indicates addition of a carport and a deck on May 7, 1984. Based on this information I believe that a permit was issued to site the home at a previous date.

Please contact us if you need further information.

Sincerely,

FOR THE CITY OF ANACORTES

Edwin Frank
Building Official



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