



200607240180  
Skagit County Auditor

7/24/2006 Page 1 of 2 3:40PM

**RETURN ADDRESS**

Brian R. Farcy  
18808 Fisherman's Loop  
Burlington, WA 98233

IC 37270

**STATE OF WASHINGTON Department of LICENSING** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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**

TYPE / PLATE NUMBER \$72429	YEAR 1969	MAKE Marle	LENGTH/WIDTH(FEET) 60 X 12	VEHICLE IDENTIFICATION NUMBER (VIN) CD213XW90374
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**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 3990-000-055-0000

LOT 55	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Samish River Park No. 1	QUARTER/QUARTER SECTION
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER: Brian R. Farcy DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER: Jennifer J. Farcy DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 18808 Fisherman's Loop, Burlington, WA 98233 CITY: Burlington STATE: WA ZIP CODE: 98233

NAME OF LEGAL OWNER: DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER: DOL CUSTOMER ACCOUNT NUMBER

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**

NOTARY SEAL OR STAMP:

State of Washington County of Skagit Signed or attested before me on 12-28-05

PRINT NAME OF REGISTERED OWNER: Brian R. Farcy Signature: *[Signature]* NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER: Jennifer J. Farcy Signature: *[Signature]* PRINTED NAME OF NOTARY: Cassandra M. Mitchell

Title: Notary AND: County/Office No. OR Dealer No. OR 3-10-09 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): Cassi Mitchell TITLE COMPANY / PHONE NUMBER: Chicago Title 360-424-1700

SIGNATURE / POSITION: *[Signature]* DATE: 7-21-06

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): BLDG PERMIT OFFICE/PHONE #: BLDG PERMIT #

SIGNATURE / POSITION: DATE

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1969	Marle	60 X 12	CD213XW90374

**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	Signed or attested
	County of _____	before me on _____
	by PRINT NAME OF LEGAL OWNER	Signature NOTARY OR AGENT
	by PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
	Title DEALERSHIP POSITION/AGENT/NOTARY	<b>AND:</b> 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 55, SAMISH RIVER PARK, DIVISION NO. 1, according to the plat thereof recorded in Volume 9 of Plats, pages 43 and 44, records of Skagit County, Washington. Situated in 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>Rusty Lowery</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Rusty Lowery</i>	DATE <i>7/24/06</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



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