



200608110129
Skagit County Auditor

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RETURN ADDRESS

James F. Jones
Jolene L. Jones
1653 Blodgett Rd
Mt Vernon WA 98274

STATE OF WASHINGTON
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)

MANUFACTURED HOME				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
9003227	1990	Redma	48 X 28	11814423

LAND	LEGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	REAL PROPERTY TAX PARCEL NUMBER 3505334006-0200

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		Sec 33, Twn 35, Rng 5	NW/SE

GRANTOR(S) REGISTERED/LEGAL OWNER(S)	ADDITIONAL NAMES ON PAGE
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS
	NUMBER OF LEGAL OWNERS

NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
James F. Jones	

NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
Jolene L. Jones	

ADDRESS	CITY	STATE	ZIP CODE
1653 Blodgett Rd	Mt Vernon	WA	98274

NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
Same As Registered	

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 *James F. Jones*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Jolene L. Jones*

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>6-1-06</u>
	by <u>James F. Jones</u> PRINT NAME OF REGISTERED OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Jolene L. Jones</u> PRINT NAME OF REGISTERED OWNER	Signature <u>[Signature]</u> PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1707</u> Notary Expiration Date	

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.

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 #
LORI M. ANDERSON SKAGIT COUNTY PLANNING	360-330-7410	BPCS-1263
SIGNATURE / POSITION	DATE	
<i>[Signature]</i> Support Services Tech	6-6-06	

MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER 96 003227	YEAR 1990	MAKE Redma	LENGTH/WIDTH (FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 11814423
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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	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	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 AND: Dealer No. OR Notary Expiration Date

LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

See Attached

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).

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) Kirsty Levey	COUNTY OFFICE/VFS OPERATOR NUMBER 290108
SIGNATURE Kirsty Levey	DATE 8/11/06

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 accommodation, call (360) 360-3600 or TTY (360) 664-8885.

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Lot 1, Skagit County Short Plat No. 95-042, approved April 16, 1996 and recorded April 18, 1996, Volume 12 of Short Plats, pages 92 and 93, under Auditor's File No. 9604180001, records of Skagit County, Washington; being a portion of the North ½ of the Northwest ¼ of the Southeast ¼ of Section 33, Township 35 North, Range 5 East W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities as described in Easement Declaration recorded under Auditor's File No. 9604180002.



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