



200608250121

Skagit County Auditor

8/25/2006 Page 1 of 2 12:35PM

RETURN ADDRESS

Land Title Company

P.O. Box 445

Burlington, WA 98233

117882-SE KA

**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 %24101	YEAR 1980	MAKE ESPRIT VILLA NOVA	LENGTH/WIDTH(FEET) 52 X 14	VEHICLE IDENTIFICATION NUMBER (VIN) GW110RES501128
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LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

**2 LAND**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
3877-000-023-0007/P64084

LOT 23	BLOCK	PLAT NAME CEDAR GROVER ON THE SKAGIT	SECTION/TOWNSHIP/RANGE
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ADDITIONAL NAMES ON PAGE \_\_\_\_\_

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2 (two)	NUMBER OF LEGAL OWNERS 1 (one)
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NAME OF REGISTERED OWNER  
**Starkenburg, Brent J.**

NAME OF ADDITIONAL REGISTERED OWNER  
**Starkenburg, Michelle E.**

ADDRESS CITY STATE ZIP CODE  
46737 Baker Loop Road, Concrete, WA 98237

NAME OF LEGAL OWNER  
**Wells Fargo Bank, N.A.**

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
600 108th Avenue N.E., Suite 340, Bellevue, 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 *[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 10-7-05

by Brent J. Starkenburg Signature [Signature]  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Michelle E. Starkenburg  
PRINT NAME OF REGISTERED OWNER

Title Escrow Officer AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9/11/06  
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) TITLE COMPANY / PHONE NUMBER  
**Karen Ashley Land Title Company (360) 707-2312**

SIGNATURE / POSITION DATE  
*[Signature]* Escrow Officer

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 #  
**Cindy Gauthier 360-336-9410 8906-0043**

SIGNATURE / POSITION DATE  
*[Signature]* Planning & Development Serv. 1-26-06

**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 Cynthia Clark

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington \_\_\_\_\_  
County of King

Signed or attested before me on 8/3/06

by Cynthia Clark  
PRINT NAME OF LEGAL OWNER

Signature [Signature]  
NOTARY OR AGENT

by \_\_\_\_\_  
PRINT NAME OF LEGAL OWNER

Shannon Hoffman  
PRINTED NAME OF NOTARY

Title Notary  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR 429108  
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 23, "CEDARGROVE ON THE SKAGIT," as per plat recorded in Volume 9 of Plats, pages 48 through 51, inclusive, records of Skagit County, Washington.  
Situate in the County of Skagit, State of 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	

**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) <u>Husty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Husty Lowery</u>	DATE <u>8/25/06</u>

**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 accommodation, please call (360) 902-3600 or TDD (360) 664-8885.



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