



200805160173

Skagit County Auditor

5/16/2008 Page

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2 4:05PM

RETURN ADDRESS

Renee & Angela Aiumu  
18580 Blackberry Ln  
Mount Vernon WA 98274

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b>	
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)		<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY			
<b>1 MANUFACTURED HOME</b>					
TP2 / PLATE NUMBER 8 10X12	YEAR 1996	MAKE KIT	LENGTH/WIDTH(FEET) 44X27	VEHICLE IDENTIFICATION NUMBER (VIN) KM1K9673B271719	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER P103414		
LOT 2SP94-003	BLOCK 330401-4-002-040	PLAT NAME OR SECTION/TOWNSHIP/RANGE G121-33-4		QUARTER/QUARTER SECTION	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER Angela Aiumu				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Renee Aiumu				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 18580 Blackberry Ln		CITY Mount Vernon		STATE ZIP CODE WA 98274	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
<b>GRANTEE</b>					
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 <i>Renee Aiumu</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Angela Aiumu</i>					
NOTARY SEAL OR STAMP		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington County of _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF REGISTERED OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR AND: Notary Expiration Date	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY			
<b>4 TITLE COMPANY CERTIFICATION</b>					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED) Bill Rowland			TITLE COMPANY / PHONE NUMBER LAND TITLE COMPANY 360-707-2158		
SIGNATURE / POSITION <i>Bill Rowland</i> MANAGER			DATE 5-16-08		
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> 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)
	96	Hit	44X27	5M1K9673B2717A

**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 _____	Signature _____
	PRINT NAME OF LEGAL OWNER	NOTARY OR AGENT
	by _____	PRINTED NAME OF NOTARY
	PRINT NAME OF LEGAL OWNER	County/Office No. OR
	Title _____	Dealer No. OR
	DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date

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

*Title Elimination*  
*Lot 2 Short Plat no. 94-023*  
*Section 1 Township 33 North,*  
*Range 4 East*

**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)	COUNTY OFFICE/VFS OPERATOR NUMBER
<i>Kirsty Lowery</i>	<i>290108</i>
SIGNATURE	DATE
<i>K Lowery</i>	<i>5/16/08</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 accommodation, please call 1-800-541-9995.



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