

8/14/2008 Page

1 of

2 11:12AM

RETURN ADDRESS	
Lynn and Virginia Borger	
Halul Cape thro Dr	
( ) L L N 00 000	
- CONCRETE MIT - 18-731	
	_
PHONALITES	93323
COURRIAN NO THE	DI FASE CHECK ONE
WASHINGTON STATE DEPARTMENT OF Manufactured Home	STITLE ELIMINATION
CL LICENSING Application	TRANSFER IN LOCATION
Anyone who knowingly makes a false statement of a material fact is gu	INTERIOR AND THE PROPERTY
of a felony, and upon conviction may be punished by a fine, imprison	
1 MANUFACTURED HOME	
TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VI	EHICLE IDENTIFICATION NUMBER (VIN)
2008 Everagen 57 X26	HB 3694 OR
2 LAND LEGAL I	DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE AFFIXED TREMOVED	REAL PROPERTY TAX PARCEL NUMBER
LOT BLOCK PLAT NAME OF SECTION/TOWNSHIP/RANG	QUARTERQUARTER SECTION
	ONAL NAMES ON PAGE
COUNTY NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	<u> </u>
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERED OWNER	DOL COSTOMER ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP CODE
	crete WA 98237
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
Same its kegistered	<u> </u>
NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
	STATE ZIP CODE
ADDRESS CITY	STATE ZIP CODE
GRANTEE	A STATE OF THE STA
NAME	
<u> </u>	<u> </u>
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE VEHICLE AND THIS INFORMATION IS ACCURATE:	AM/ARE THE REGISTERED OWNER(S) OF THIS
, <i>Y</i>	() ( I aman )
Signature of Registered Owner and Title, IF APPLICABLE	muz boujer
Signature of Additional Registered Owner and Title, IF APPLICABLE	iranic of Borges
NOTARYOR	FOR REGISTERED OWNER(S) SIGNATURE
	Signed or attested
State of Washington County of Stee Oxt	
State of Washington County of Washington County of State of Washington County of Was	A Saucella OO
I PRINT NAME OF REGISTERED OWNER 1.1	Signature NOTARY OR AGENT
PUBLIC / In Victinia L. Borge	r tatie & thiclose
PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY
Title Notary	County/Office No. OR AND: Dealer No. OR
OF WASHINGTON DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date
4 TITLE COMPANY CERTIFICATION  I certify that the legal description of the land and ownership is true and corre	ct per the real property records
	OMPANY / PHONE NUMBER
	Control of the second of the s
SIGNATURE / POSITION	DATE
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:    Certify that:   B the manufactured home has been affixed to the real	
NAME (TYPED OR PRINTED)  BLOG PERMIT OFFICE/PHONE	
LORI ANDERSON SKAGIT COUNTY PLAN	SUMMEN SAID
SIGNATURE / POSITION	THNICIAN DATE 8/1/08
	IHNICIAN 8/1/08
TD-420-729 (R/6/06) W Page 1 of 2	

MANUEAC	TURED E	OME - FRO	M SECTIO	N 1					17777777	
TPO / PLATE N		YEAR	MAKE		LENGTHAVID	TH(FEET)	VEHICLE IDEN	TIFICATION NUM	BER (VIN)	
		2008	Liver	green	57X	26	HB?	3694 0	o R	
6 SIGNAT	URE OF	LEGAL OW	NER	.3						
SIGNATUR		*\J**	e de la companya de La companya de la co		^	IMINATIO	N OF TITLE	/REMOVAL	FROM REA	L PROPERTY.
	_	of Legal Own	Se Contraction Contraction			Turi	my o	majes V	192	1.60.
Signature of						IXN	rgine	$\alpha \propto \Delta$	W/O 4	gon _
NOTATIV	SEAL PRS		3	' j		RTIFICAT		EGAL OWNE		ATURE
A WHISE	ON EXA		State of We	ashington county of		acine		Signed or atte before n	,	52368 200
THE IC I SHARE OF CEGAL CHINES										
PRINT NAME OF LEGAL OWNER  Title  DEALERSHIP POSITION/AGENT/NOTARY  TOF WASHING  DEALERSHIP POSITION/AGENT/NOTARY  TOF WASHING  DEALERSHIP POSITION/AGENT/NOTARY  TOF WASHING  DEALERSHIP POSITION/AGENT/NOTARY  TOF WASHING  TOF										
PATE	OE WA	SHIFT	Title	HIP POSITION	J U DNAGENTING	TARY		AND:	Dealer No. y Expiration D	OR/-//
7 LAND	ESCEIP	ION (A lea					ned from th			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)  Lot 59 "Cechargore on the Synget" according to the pict thereof,										
record	ed in	Votiur	ne 9 o	P PK	us po	(925	48 this	ajah 51	, uncle	isive record
6F 5K	aget	Count	y, W	asher	With	EXC	EPT M	rineral	right	s a3
- Cesca	ved i	n de	d tro	Mr. F	سلطنه «	نك لمد	and Be	enk of	- 570 i	Care.
PECCY	ded	Sepre	mber	23,	1937	is A	udito	rs File	Wi 3	17243
						<u> </u>		4.		
8 DEALE	R'S REP	ORT OF SA	LE			" " " " " " " " " " " " " " " " " " "	A STATE OF THE STA	<u> </u>		11.11 A
		THIS INFOR				HICLE IS	CLEAR OF	ENCUMBRA	ANCES EXC	EPT AS SHOWN.
DEALER NAME	MON	PRINTED)	uos 1	Nort	hwes	+	the first control of	ея NUMBER 7 <i>79</i>		0F SALE >-/-08
PURCHASE PR			RISDICTION/T	AX RATE	DEALERS AL	THORIZED	SIGNATURE			
				tified Trit	oal membe	r on the r	eservation (	attach notari	zed statem	ent of delivery).
			<del></del>				for use by		3 <sup>2</sup>	
		application his form.		nave beer	completed	correctly,	and the appl	icant has suff	icient docum	nentation to procee
NAME (TYPED OR PRINTED) COUNTY OFFICE/VFS OPERATOR NUMBER 2901-27										
SIGNATURE	7 .1			0		gab	vielle	clay	ĎATE 8	-14.08
10 TITLE	EES					Ü				<i>J</i>
FILING FEE		APPLICATION	,	NOBILE HO	ME FEE	ELIMINATI	ON FEE	USE TAX	3,///s	UBAGENT FEES
MPORTAN	Li R	censing O etain proof	ffice, take f of the rec	your apport	olication fo ees paid. I	orm to the	e County R cording Off	litor / Vehicl ecording Of ice retains recorded for	e fice.	OTAL FEES & TAX
	APPL	ICANTS:	Manufac	tured H		cation, p	aying all re	icensing off quired fees.		the
								moval from		erty or

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

TD-420-729 (P/6/06) W Page 2 of 2

