

RETURN ADDRESS



200903170065  
Skagit County Auditor

3/17/2009 Page 1 of 2 2:33PM

**MANUFACTURED HOME LICENSING 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**

TRAILER PLATE NUMBER <i>084des</i>	YEAR <i>70</i>	MAKE <i>Birdon</i>	LENGTH/WIDTH (FEET) <i>10 x 12</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>82920</i>
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**2 LAND**

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
*1608712*

LOT <i>32</i>	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE <i>Samish River Park</i>	QUARTER/QUARTER SECTION
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER <i>29</i>	NUMBER OF REGISTERED OWNERS <i>1</i>	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER <i>Donna R Martin</i>	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS <i>6920 Steelhead Ln.</i>	CITY <i>Burlington</i>	STATE <i>wa</i>	ZIP CODE <i>98233</i>
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER	

NAME OF ADDITIONAL LEGAL OWNER <i>10827 Jordan Rd</i>	CITY <i>Burlington</i>	STATE <i>wa</i>	ZIP CODE <i>98233</i>
ADDRESS		DOL CUSTOMER ACCOUNT NUMBER	

**GRANTEE**

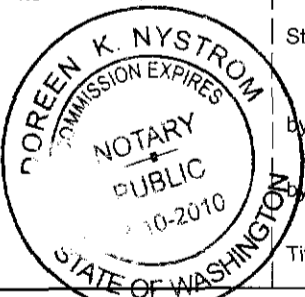
NAME

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 *Donna R Martin*

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP



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

State of Washington  
County of *Skagit*

Signed or attested before me on *3/17/09*

by *Donna R Martin*  
PRINT NAME OF REGISTERED OWNER Signature *Green K Nystrom*  
NOTARY OR AGENT

*Green K Nystrom*  
PRINTED NAME OF NOTARY  
County/Office No. OR  
AND: Dealer No. OR *3010110*  
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) <i>Bill RASHAR</i>	TITLE COMPANY / PHONE NUMBER <i>LAND TITLE ESCROW 707.2158</i>
SIGNATURE / POSITION <i>[Signature] Manager</i>	DATE <i>3-17-09</i>

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**

TRD / PLATE NUMBER @841de8	YEAR 70	MAKE Bowdler	LENGTH/WIDTH(FEET) 16 X 12	VEHICLE IDENTIFICATION NUMBER (VIN) S2920
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**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 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 Dealer No. OR Notary Expiration Date
Title _____		<b>AND:</b> _____
DEALERSHIP POSITION/AGENT/NOTARY		

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

Lot 32 "Samish River Park, Division No 1." as per plat recorded in Volume 9 of Plats, pages 43 and 44, 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) Rusty Lowery	COUNTY OFFICE/VFS OPERATOR NUMBER 290108
SIGNATURE Rusty Lowery	DATE 3/17/09

**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 TTY (360) 664-8885.



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