

RETURN ADDRESS



201003250082  
Skagit County Auditor

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N/A

**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 N/A	YEAR 2009	MAKE Oakwood	LENGTH/WIDTH (FEET) 56 X 30	VEHICLE IDENTIFICATION NUMBER (VIN) ALB033182OR-AB
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**2 LAND**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
P122996

LOT 5	BLOCK BK 1906-8	PLAT NAME BARING'S ADD ANACORTES	SECTION/TOWNSHIP/RANGE SECTION 22
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER  
Thomas L. Allen

NAME OF ADDITIONAL REGISTERED OWNER  
Pamela J. Allen

ADDRESS P.O. Box 817	CITY Anacortes	STATE WA	ZIP CODE 98221
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NAME OF LEGAL OWNER  
Same

NAME OF ADDITIONAL LEGAL OWNER  
Same

ADDRESS	CITY	STATE	ZIP CODE
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**GRANTEE**

NAME  
N/A

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**

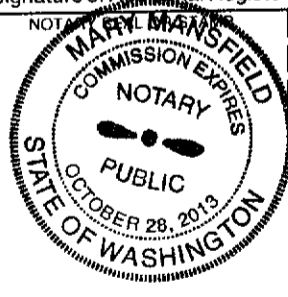
State of Washington County of SKAGIT

Signed or attested before me on 1-13-10

by THOMAS L. ALLEN Signature *[Signature]*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by PAMELA J. ALLEN mary mansfield  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title NOTARY AND: County/Office No. OR 10-28-13  
Dealer No. OR  
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)	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.

**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) Don Measmer	BLDG PERMIT OFFICE/PHONE # 360-293-1901	BLDG PERMIT # BLD-2009-0371
SIGNATURE / POSITION <i>[Signature]</i> Building official		DATE 3/24/10

**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]  
 Signature of Additional Legal Owner and Title, IF APPLICABLE [Signature]

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>SKAGIT</u>	Signed or attested before me on <u>1-13-10</u>
	<u>THOMAS L. ALLEN</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	<u>PAMELA J. ALLEN</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Mary Mansfield</u>
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>1028-B</u> 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)**

Baring's ADD to Anacortes, Acres 0.23, Lot 5 of Anacortes Short Plat Allen 6 Lot Short Plat ANA-04-006 AF#200505180066, being a portion of Blocks 1908 1907 1906 of Baring Addition to Anacortes located in the Southeast 1/4 of Section 22. Lot 5 of Anacortes Short Plat Allen 6 Lot Short Plat ANA-04-006 AF#200505180066, being a portion of Blocks 1908 1907 1906 of Baring Addition to Anacortes located in the Southeast 1/4 of Section 22.

**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) <u>Clayton Homes</u>	WA DEALER NUMBER <u>48499</u>	DATE OF SALE <u>11/6/09</u>
PURCHASE PRICE <u>91190.20</u>	TAX JURISDICTION/TAX RATE <u>8.2</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>
<input type="checkbox"/> 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>Rusty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>3/25/10</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.

