

RETURN RECORDED DOCUMENT TO:



201111150097
Skagit County Auditor

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Manufactured Home Application

PLEASE CHECK ONE

- Title Elimination
- Transfer in Location
- Removal from Real Property

For full instructions on completing this form, see Manufactured Home Application Instructions, form TD-420-730.

1 Manufactured Home				
TPO/Plate number +159453	Year 1999	Make LBRTY	Length/Width (feet) 60 X 28	Vehicle identification number (VIN) 09L33364XU
2 Land				
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property Tax parcel no. P45929		
Legal description on page _____				
Lot	Block	Plat name or Section/Township/Range 07-35-11	Quarter/Quarter section	
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page				
County number	No. registered owners	No. legal owners	Grantee name (if applicable)	
Name of registered owner JON PRIGG			WA Driver license or UBI number	
Name of additional registered owner			WA Driver license or UBI number	
Address (Address, City, State, ZIP code) 60101 STATE ROUTE 20 MARBLEMOUNT, WA 98267				
Name of legal owner SKAGIT STATE BANK			WA Driver license or UBI number	
Name of additional legal owner			WA Driver license or UBI number	
Address (Address, City, State, ZIP code) P.O. BOX 285 BURLINGTON, WA 98233				
I declare under penalty of perjury under the laws of the state of Washington that I am/we are the registered owner(s) of this manufactured home and the foregoing information is true and correct.				
<input checked="" type="checkbox"/> Signature of registered owner and title, if applicable <input checked="" type="checkbox"/> Signature of additional registered owner and title, if applicable				
Notarization (Seal stamp)		State of <u>WASHINGTON</u> County of <u>SKAGIT</u>		
		Signed or attested before me on <u>NOVEMBER 14, 2011</u>		
by <u>JON PRIGG</u>		by _____		
Print registered owner name		Print registered owner name		
<u>ED V. ZAVALA</u>		<input checked="" type="checkbox"/> <u>Ed V. Zavala</u>		
Notary printed or stamped name		Notary signature		
<u>NOTARY</u>		<u>5/10/15</u>		
Title		Dealer/county office number or notary expiration		

Manufactured home TPO/Plate number (from Section 1) +159453

4 Title Company Certification		
PRINT or TYPE Name of person signing	Title company name	
Position	(Area code) Telephone number	
I certify that the legal description of the land and ownership is true and correct according to the real property records.		
X Signature		Date
5 Building Permit Office Certification		
I certify that <input checked="" 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.		
PRINT or TYPE Name of person signing	Building permit office	Building permit number
<u>Cindy Gauthier</u>	<u>Skagit</u>	<u>98-1718</u>
Position	(Area code) Telephone number	
<u>Permit Tech. Skagit County Planning & Development</u>	<u>360-336-9410</u>	
X Signature		Date
<u>Cindy Gauthier</u>		<u>11-15-11</u>
6 Signature of Legal Owner(s)		
Signature of legal owner indicates consent for Elimination of Title or Removal from real property.		
X Signature of legal owner and title, if applicable		
X Signature of additional legal owner and title, if applicable		
Notarization/ Certification	State of _____, County of _____	
	Signed or attested before me on _____	
(Seal or stamp)	by _____ Print legal owner name	by _____ Print legal owner name
	Notary printed or stamped name	X Notary signature
	Title	and Dealer/county office number or notary expiration
7 Land Description		
Legal description of land		

Continued on next page



Manufactured home TPO/Plate number (from Section 1) +159453

8 Dealer Report of Sale – Selling dealer complete this section					
PRINT or TYPE Dealer name				WA dealer number	
Date of sale	Purchase price		Tax jurisdiction/Tax rate		
<input type="checkbox"/> Sales Tax Exempt – Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
I certify that this information is correct. The manufactured home is clear of encumbrances except as shown. Any required sales tax has been collected.					
X Dealer authorized signature					
9 County Auditor/Agent Licensing Office Approval (not for use by subagents)					
PRINT or TYPE Name <u>Christy Lowrey</u>			County office/WFS operator number <u>290108</u>		
I certify that the above application appears to be completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.					
X Signature <u>Christy Lowrey</u> Date <u>11/15/11</u>					
10 Title Fees					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
					Total fees & tax 0.00

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 46.12.750



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