

RETURN RECORDED DOCUMENT TO:



201211130159

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 554071	Year 1978	Make SKYLINE X	Vehicle identification number (VIN) 01950601L
2 Land			
Manufactured home will be <input checked="" type="checkbox"/> Affixed <input type="checkbox"/> Removed		Real property 59409-3822-000-019-0009 Tax parcel no. _____ Legal description on page _____	
Lot 19	Block	Plat name or Section/Township/Range SKYLINE #6 - Volumes 9 - Pages 64	Quarter/Quarter section
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page _____			
County number SKAGIT	No. registered owners 1	No. legal owners 1	Grantee name (if applicable)
Name of registered owner HELEN B. Ripley			Washington driver license or UBI number
Name of additional registered owner N/A			Washington driver license or UBI number
Address (Address, City, State, ZIP code) 1111-32ND STREET, ANACORTES, WA 98221			
Name of legal owner HELEN B. Ripley			Washington driver license or UBI number
Name of additional legal owner N/A			Washington driver license or UBI number
Address (Address, City, State, ZIP code) 1111-32ND STREET, ANACORTES, WA 98221			
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.			
X Helen B. Ripley by POA Thomas Ripley Jr Signature of registered owner and title, if applicable			
X Signature of additional registered owner and title, if applicable			
Notarization/Certification	State of WA	County of Skagit	
(Seal or stamp)	Signed or attested before me on 11/13/12		
	by Helen B Ripley Print registered owner name		by Thomas Ripley Print registered owner name
	Notary printed or stamped name Agent		Notary signature Blaney 590105
	Title	and Dealer/county office number or notary expiration	

Manufactured home TPO/Plate number (from Section 1) \$ 54071

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
 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.

PRINT or TYPE Name of person signing	Building permit office	Building permit number
<i>Paul Ingalls</i>	<i>Anacortes, WA</i>	<i>BLD-2012-0465</i>
Position	(Area code) Telephone number	
<i>Building Inspector</i>	<i>360-293-1901</i>	

X *Paul Ingalls* _____ *11-13-12*
Signature Date

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 _____ by _____
 Print registered owner name Print registered owner name
 Notary printed or stamped name and **X** Notary signature
 Title Dealer/county office number or notary expiration

7 Land Description

Legal description of land

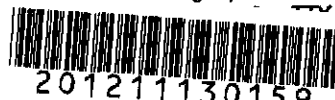


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Manufactured home TPO/Plate number (from Section 1) \$ 54071

3 Dealer Report of Sale – Selling dealer complete this section					
PRINT or TYPE Dealer name				Washington 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>Howery</u>			County office/VFS 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>Howery</u>				Date <u>11/13/12</u>	
10 Title Fees					
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees
					Total fees and 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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