

RETURN RECORDED DOCUMENT TO:

RICHARD H. FROMME 1611 WEST BEACH ROAD OAK HARBOR, WA. 98277

Skagit County Auditor

\$74.00

9/17/2013 Page

1 of

3 2:59PM

|           | 12000 | 20 to 20 |              |
|-----------|-------|----------|--------------|
|           |       | AULAIT   | COUNTY       |
|           |       | CKALLI   | I I II IEU 1 |
| 4 8 8 4 3 |       | DOM:     | VVVIII.      |
| 1 4141    |       |          |              |
|           |       |          |              |

| WASHINGTON STATE DEPART   | MENT OF STREET                  | ufactured Home                                       | Please check one:                                |  |
|---|---------------------------------|--|--|--|
| CL LICENSII   | NG /                            | Application  | ☑ Title Elimination                              |  |
|   |                                 | see Manufactured Home Appli                          | cation Transfer in Location                      |  |
| Instructions, form TD-4   |                                 |  | ☐ Removal from Real Property                     |  |
| 1 Manufactured I  |                                 | MMODATION RECORDING                                  | ·  |  |
| l   | Year Make<br>1982 BARR          |  | dentification number (VIN)<br>2AC31314285        |  |
| 2 Land  | 1302   137 (17.1)               | 102 X 10 10 11 1                                     | - Arm  |  |
| Manufactured home will be Real property   |                                 |  |  |  |
| ✓ Affixed ☐ Removed Tax parcel no. 38620000610007 Legal description on page   |                                 |  |  |  |
|   |                                 | t name or Section/Township/Range                     | Quarter/Quarter section                          |  |
| B   |                                 | derwood Replat SHort Plat                            |  |  |
| Grantor(s) Registered/Legal Owner(s) - Additional names on page Water from to County number   No. registered pwners   No. légal owners   Grantee name (if applicable)   |                                 |  |  |  |
| County number   | 1                               | 1  |  |  |
| Name of registered owner  Richard H & Marilyn A Fromme, Trustees of the R&M revocable trust  Washington driver license or UBI number  |                                 |  |  |  |
| Name of additional registers  |                                 | 700 07 W/O T (O) | Washington driver license or UBI number          |  |
| Traine of additional registered owner   |                                 |  |  |  |
| Address (Address, City, State, ZIP code) 1611 West Beach Road, Oak Harbor, WA. 98277  |                                 |  |  |  |
| Name of legal owner Richard H & Marilyn A Fromme, Trustees of the R&M revocable trust  Washington driver license or UBI number  |                                 |  |  |  |
| Name of additional legal ow   | vner                            |  | Washington driver license or UBI number          |  |
| Address (Address, City Sta<br>1611 West Beach R   |                                 | WA 98277   |  |  |
| I declare under penalty the property of the laws of the state of Washington that I am/we are the registered   |                                 |  |  |  |
| owner(s of this manufactual transfer of the state of the |                                 |  |  |  |
|   | ARON GARRARD<br>CENSE NO. 76782 | X xichaic  | of Fromme , all le                               |  |
| MY CC   | DMMISSION EXPIRE                |  | rner and little, if applicable  A Summe Levotes  |  |
| FEBRUARY 10, 2014 Signature of additional registered owner and title, if applicable   |                                 |  |  |  |
| Notarization/Certificat   | tion State of                   | Washington, County of                                | Island   |  |
|   | Signed                          | or attested before me on Augu                        | st 29,2013                                       |  |
| (Seal or stamp)   | by RK                           | hard H. Fromme                                       | by MARILYM A Fromme                              |  |
|   | Print                           | registered owner name                                | Print registered owner name                      |  |
|   |                                 | ry printed or stamped name                           | Notary signature                                 |  |
|   | Title                           | ·  | Dealer/county office number or notary expiration |  |

Manufactured home TPO/ Plate number (from Section 1) %49839 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. Date Signature 5 Building Permit Office Certification I certify that M 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 WORI ANDERSON 14088 SKAGITCOUNT Position (Area code) Telephone numb ELHNICIAN YERMII 6 Signature of Legal Owner(s) Signature of legal towner in the consent for Elimination of Title or Removal from real property. State of Washington SHARON GARRARD LICENSE NO. 76782 COMMISSION EXPIRES FEBRUARY 10, 2014 Notarization/Certification Signed or attested before me on (Seal or stamp) Notary printed or stamped name Title Dealer/county office number or notary expiration 7 Land Description

Legal description of land

Lot B of Underwood Replat Short Plat No. 99-0038, recorded April 20, 2000, under Auditor's File No. 200004200020, records of Skagit County, Washington, and being a portion of Tract 61, Big Lake Water Front Tracts, Skagit County, Washington, as per plat recorded in Volume 4 of Plats, page 12, records of Skagit County, Washington.

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Manufactured home TPO/ Plate number (from Section 1) \_ 8 Dealer Report of Sale - Selling dealer complete this section PRINT or TYPE Dealer name Washington dealer number Date of sale Tax jurisdiction/Tax rate Purchase price 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. Dealer authorized signature 9 County Auditor/Agent Licensing Office Approval (not for use by subagents) PRINT or TYPE Name County office/VFS operator number 290133 Sharmon 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. Signatute 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

201309170038

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