

Skagit County Auditor 3/21/2014 Page \$74.00

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Micago Title 424 Commercial St Mount Sernon WA 98273

RETURN RECORDED DOCUMENT TO:

CHICAGO TITLE 620020151

washington state depa LICENS For full instructions o	ING		lication		Please check one: ☑ Title Elimination ☐ Transfer in Location			
Instructions, form TD	-420-730.			<del>-</del>	Removal from Real Property			
1 Manufactured	T	<del>.                                    </del>						
TPO/Plate number	1	. A AF	ength/Width (feet)	Vehicle identificati	3941 ORABC			
2 Land	1200 <u>3</u>   11	MINERAL		110100				
Manufactured home will t	i '	operty A	68717	Legal descript	tion on page			
Lot 36	Block		Section/Township/ RIVER PARI	Range K, DIV. NO.	Quarter/Quarter section			
3 Grantor(s) Registered/Legal Owner(s) - Additional names on page								
County number	No. registere		V 2	antee name (if applic	able)			
Name of registered owner	Deho	rah	Bello	W 8	Washington driver license or UBI number			
Name of additional regis	tered owner	25 DY	~; <del>{</del> + in	Lane	Washington driver license or UBI number			
Address (Address, City,	State, ZIP code)	Burli	acton	P AW	8233			
Name of legal owner			me		Washington driver license or UBI number			
Name of additional legal	owner		1: 000		Washington driver license or UBI number			
Address (Address, City	State, ZIP code)							
I declare under per owner(s) of this ma	nalty of perjury anufactured hor	under the laws ne and the fore	of the state of going informat	Washington that on is true and co	l am/we are the registered			
			XUL	on a	1 Section			
The Harry Contract			Signature of r	egistered owner and	title, ir applicable			
Sept.			Signature of a	dditional registered o	owner and title, if applicable			
Notarization/Certifil	bation	State of 151	shingto	County of	Kuget			
	343	Signed or attest	ed before me on	2-20	-1/4			
(Seal dostajnio)		ا ۸	_	1/ows	V 1 3 4			
75			d owner name	Y ( Prin	nt equistered owner name			
WWW		Notary printed	or stamped name	and	art signature 1-19-15			
	Charles Harry	Title		Dea	aler/county office number or notary expiration			

Title Company Certific	cation		
PRINT or TYPE Name of person signi	ng	Title company name	<del>-</del>
Trady J. Co	ri 🔨	Chicago	1,4(8)
Position Closer			(Area code) Telephone number 3 (40 4.2 4 - 1.7 00
A. A	on of the land and ownerst	nip is true and correct a	ccording to the real property records
	. ( <u>x</u>	1 Jung ~	(1) 2-11-14
<u> </u>		lature	Date
Building Permit Office certify that	Gertification		
the manufactured home ha	s been affixed to the real :	property as described.	•
a building permit has been it			
PRINT or TYPE Name of person signi		Building permit office	Building permit number
LORI ANDER	SON.	SKAYTIT	12/07-0138
Position PERMIT TECH		,	(Area code) Telephone number (3(w) 33(o-9410)
· CRIVIII		Tresil eno	lerson 2/20/14
	Sign	nature	Date
Signature of Legal Ov	ner(s)	<u> </u>	
Signature of legal owner indic	ates consent for Elimination	on of Title or Removal t	from real property.
J J	<u> </u>		
	<u>X</u>	nature of legal owner and title	a if anyticable
	Sigi	nature of legal owner and titil	е, іт аррысаріе
	A Sign	nature of additional legal owr	ner and title, if applicable
Notarization/Certification	State of		
	Signed or attested befo	re me on	
	-	1 1	
(Seal or stamp)	Print registered owner	by 2	Print registered owner name
	Notary printed or stamp	# N	Notary signature
	Title	and A	Dealer/county office number or notary expiration
Land Description		<u> </u>	Samuel III
Legal description of land	-		
	R PARK, DIVISION NO. 1 , records of Skagit Count		t thereof recorded in Volume 9 of
Situated in Skagit Cour	ity, Washington.		
	•		
			N. 3 / / .

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Manufactured home TPO/ Plate number (from Section 1). B Dealer Report of Sale - Selling dealer complete this section PRINT or TYPE Dealer name Washington dealer number Tax jurisdiction/Tax rate Date of sale 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 County Auditor/Agent Licensing Office Approval (not for use by subagents) County office/VFS operator number PRINT or TYPE Name 2901125 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. Signature 10 Title Fees Subagent fees Elimination fee Use tax Filing fee Application Mobile home lee Total fees and tax

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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