

Skagit County Auditor 9/29/2015 Page

\$74.00 1 of 311:44AM

RETURN RECORDED DOCUMENT TO:

Chicago Title
1835 Barkley Blvd
Suite 105
Bellingham, WA 98226

Bellingham, WA 98226 CHICAGO TITLE W20025170 **Manufactured Home** Please check one LICENSING **Application** ☑ Title Elimination ☐ Transfer in Location For full instructions on completing this form, see Manufactured Home Application ☐ Removal from Real Property Instructions, form TD-420-730. Manufactured Flome TPO/Plate number %55817 Length/Width (feet) 70 x 14 1983 EQUIRE 10326 2 Land ufactured home will be Real property Tax parcel no. P75170 ☑ Affixed ☐ Removed Legal description on page Quarter/Quarter section First name or Section/Township/Range Block Rockport 3 Grantor(s) Registered/Legal Owner(s) - Additional names on page No. registered o No. legal ow Washington driver license or UBI number Name of registered owner NONE-SAME AS LEGAL OWNER Name of additional registered owner Washington driver license or UBI number Address (Address, City, State, ZIP code) 52714 Main St Rock Pa WA 98283 Washington driver license or USI number Columbia State Bank Washington driver license or UBI number Name of additional legal owner Address (Address, City State, ZIP code)
PO Box 550 MS 1104 Snohomish, WA 98290 I declare under penalty of perjury under the laws of the flats Washington that I am/we are the registered FRANCESCA D KINDLE STATE OF WASHINGTON le, if applicable NOTARY PUBLIC MY COMMISSION EXPIRES arization/CertilguigO_2018 tate of _U Signed or attested be Print registered owner name

Francesca De University of the printed or stamped name (Seal or stamp)

TD-420-729 (R/5/15)WA Page 1 of 3

Continued on next_page

er/county office number or notary expiration

Manufactured home TPO/Plate number (from Section 1	<u> %55817 </u>					
A Title Company Certification						
PAUL OF TYPE Name of Arrent coming (N	Dife company name Chicago Title Insurance					
Escrow Office	(Arpa code) Telephone number					
Sign	ip is true and correct according to the real property records. Ol 22 20 15 Bate					
5 Building Permit Office Certification						
certify that						
the manufactured home has been affixed to the real p	roperty as described.					
a building permit has been issued for this purpose and the						
PRINT OF TYPE Name of person signing JEUNE M JUNUST	Building permit office Building permit number SKAQU COUNTY P 75 1 70					
Permit Tech.	4 (drea code) Telephone number 340 - 416 - 1320					
X Sign	Marien aungor 92415					
5 Signature of Legal Owner(s)						
Signature of legal owner indicates consent for Slimination	of Title or Damayal from mark arranges					
Signature of legal owner indicates consent for Elimination of Title or Removal from real property. CCK, WELD SHOCKER						
Signature of langual owner and title, if applicable						
Signalure of additional legal owner and title, if applicable						
Notarization/Certification State of Washington, country of Pierce						
KELLI J. MARTIN Staned or attested before	e me on _9/17/15					
(Seal of StaMOTARY PUBLIC by ROBERT M.B. Draper by						
B SOLUTION STORES KELLIT. MARTIN						
COMMISSION EXPIRES Notary printed or stamps						
JUNE 9, 2019 NOTALLY I	Dealer/county office number or notary expiration					
	- Constitution of the control of the					
7 Land Description						
Legal description of land						
Lot 12, Block 3, ROCKPORT, according to the pla	t thereof, recorded in Volume 3 of Plats, page 79,					
records of Skagit County, Washington;						
TOGETHER WITH that portion of vacated Edward	d Street adjacent thereto, which would attach by					
operation of law.						
Situated in Skagit County, Washington.						
·						

Manufactured	f home TPO/Plate r	number (from Section	1) %33817		·	
Dealer F	Report of Sale - 9	Selling dealer complete	this section	······································		
PRINT OF TYPE Dealer name				Washington dealer number		
Date of sale	P	urchase price	Tax jurisdiction/Tax rate			
☐ Sales Tax	Exempt - Sale to a	Certified Tribal membe	r on the reservation	n (attach notarize	d statement of delivery).	
		rrect. The manufacture	nd home is clear o	f encumbrances e	xcept as shown.	
Any required	l sales tax has been	conecteg,				
). X	aler authorized signatu	re .		
9 County	Auditor/Agent Li	censing Office App	roval (not for us	e by subagents)	,	
			County office/VFS	office/VFS operator number Skagit County Skagit County Auditor		
I certify that t	the above application	appears to be complete recording of this toru	eted correctly, and	2901- the applicant has		
	, , , , , , , , , , , , , , , , , , ,	X	X 1	agit County Auditor 2901-33	9/29/15 Date	
0 Title Fee	95				<u> </u>	
Filing fee	Application	Mobile home les	Elimination tee	Use tax	Subagent fees	
					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