RETURN RECORDED DOCUMENTT				\$76.00 1:30PM	
CHICAGO TITUE		-			
WASHINGTON STATE DEPARTMENT DE LICENSING	Manufactured Ho Application		Please check ☑Title Elimina	ition	
1 Manufactured Home PO/Plate number Year 2000 2 Land	Make Length/Width (feet) 1.BRTY 56 x 28		on number (VIN)	m Real Proper	ty
Affixed Removed Tax Lot Block 2 M	property parcel no. P63407 Plat hame of Section/Township Cape Horn on the Ska egal Owner(s) Additional of	agit, Div 2		arter section	_
	red owners No. legis owners G	rantes on page	washington driver lit	cense or UBI numbe	er
Name of additional registered owner Ruth Allison Martinez Address (Address, City, State, ZIP code)	The state of the s		Washington driver lie	cense or UBI numbe	3r
Name of legal owner Pacific Union Financial, LLC Name of additional legal owner			Washington driver li		
Address (Address, City State, ZIP code) 1603 LBJ Freeway, Suite 60			Landing out the	ranistarad	
I declare under penalty of perjur owner(s) of this manufactured h	ome and the foregoing informal	registered owner and in additional registered owner and in additional registered o	itter, trapplicable		— —
Notarization/Certification	State ofSigned or attested before me or	_, County of	<u> </u>		

Print registered owner name

Title

Notary printed or stamped name

(Seal or stamp)

Print registered owner name

Dealer/county office number or notary expiration

Notary signature

Manufactured home TPO/Plate number (from Secti	on 1) 105000)d		
4 Title Company Certification				
PRINT or TYPE Name of person signing	Title company name	_		
<u> </u>				
Position		(Area code) Telephone number		
I certify that the legal description of the land and own	ership is true and correct ac	ccording to the real property records.		
	<u>X</u>			
	Signature	Date		
Building Permit Office Certification				
I certify that				
the manufactured home has been affixed to the re	· · · · · · · · · · · · · · · · · · ·			
a building permit has been issued for this purpose a		1		
PRINT or TYPE Name of person signing LORI ANDERSON	Building permit office SKAGIT COUNTY	Building permit number BP02-0626		
Position		(Area code) Telephone number		
PERMIT IECHNICIAN		1500. TILE-1520		
	x Maris Look	LICUTU 11/23/15		
	Signature	Date		
6 Signature of Legal Owner(s)				
Signature of legal owner indicates consent for Elimin	X 2 Missipple Signature of legal owner and title	Mu SUP Openations		
	Signature of additional legal own	er and title, if applicable		
T	The same of the sa)allas		
Notarization/Certification State of	State of, Obdity of			
Signed or attested	before me on 12-8-3	<u>c15</u>		
by Richard	Plommerazor	and HESSEN Vision.		
Aller		rint legal owner name		
YOLANDA YVETTE LEGRAND Notary Public, State of Texas	idel & HIW			
My Commission Expires	stamped plane and	lotary signature		
December 01, 2018		ealer/county office number or notary expiration		
7 Land Description				
Legal description of land				
Lot 5, Block M, CAPE HORN ON THE SKA	GIT DIVISION 2. accor	rding to the plat thereof.		
recorded in Volume 9 of Plats, pages 14 throu	gh 19, records of Skagit	County, Washington.		
i i i i i i i i i i i i i i i i i i i	5 ,			
Situated in Skagit County, Washington.				

9" A"		mber (from Section 1		<u>002</u>		
B Dealer R	eport of Sale - Se	iling dealer complete	this section			
PRINT or TYPE Dealer name				Washington dealer number		
Date of sale Purchase price			Tax jurisdiction/Tax rate			
				<u> </u>	d statement of delivery).	
I certify that ti	his information is con	rect. The manufacture	d home is clear of	encumbrances ex	ccept as shown.	
	sales tax has been c					
, ,						
		X				
	A STATE OF THE PARTY OF THE PAR	Dea	ter authorized signature			
S County #	Auditor/Avent Lic	ensing Office App	roval (not for use	by subagents)		
PRINT OF TYPE		, V	County office/VFS			
I certify that to	he above application	appears to be comple	oted correctly, and	the applicant has	sufficient	
documentation	on to proceed with the	recording of this form	n. Lelle ficture	- W 10	2/9/15	
10 Title Fee				······		
Filing fee	Application	Mobile frome fee	Elimination fee	Use tax	Subagent lees	
					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

INDIVIDUAL ACKNOWLEDGMENT
State/Commonwealth of Weshington
County of Size
On this the Day of November, Zolumber, before me,
Day Month Year , the undersigned Notary Public,
Name of Notary Public
personally appeared Ramon E. Henandez Martinez and Reth Allisan Martinez
Name(s) of Signer(s)
□ personally known to me – OR –
proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is/are subscribed
to the within instrument, and acknowledged to me that he/she/they executed the same for the
Notary Public purposes therein stated.
State of Washington DAVID W KRAUSF WITNESS my hand and official seal.
My Appointment Expires Sep 16, 2017
Signature of Notary Public
David to Krause
Any Other Required Information
Place Notary Seal/Stamp Above (Printed Name of Notary, Expiration Date, etc.)
OPTIONAL This position is many fixed for a physical income and in Arizona but in particular in attending this
This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
Description of Attached Document
Title or Type of Document: Manufactured Hame Application
Document Date: 11.16-2065 Number of Pages: 3
Signer(s) Other Than Named Above: NA
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