RETURN BECORDED DOCUMENT TO:			201701110049				
				- Skagit Coun	ity Auditor Page	1 of	3 2:03PM
Chicago Title Con	• •				•		
425 Commercial S Mount Vernon, W							
620024260-df		_		<u> </u>			
WASHINGTON STATE DEP LICENS For full instructions of	and the same of th	L	factured H Application		☑ Title ☐ Trans	e check on Elimination sfer in Loc	n ation
Instructions, form TD	)-420-730 🗸 🔏				☐ Rem	oval from I	Real Property
1 Manufacture TPO/Plate number	Year	Make	Length/Width (feet)	Vehicle identification			
	2015	_	28 <b>x</b> 48	HERO29	(2840	2 <b>Κ</b>	
2 Land  Manufactured home will	be Real	property		_			
☑ Affixed ☐ Rem	oved Tax	<u> </u>	P38591	_ Legal descrip			
Lot	Block		agie or Section/Township V 07-35-05	/Range		luarter/Quarte 2	r section
3 Grantor(s) Re	<del></del>		er(s) - Additional (				
County number	No. registe	red owners	No. legal owners G	cantee name (if appli	cable)		
Name of registered owner Robert O. Rawe	er						se or UBI number
Name of additional regis Karen L. Rawe	tered owner				Washingto	on driver licens	se or UBI number
Address (Address, City, 7431 Fruitdale R		Woolley, V	VA 98284		<b>2</b>		
Name of legal owner North Coast Cre	dit Union				Washingto	on driver licens	se or UBI number
Name of additional legal	owner				Washingto	on driver licens	se or UBI number
Address (Address, City of 1100 Dupont Pla	State, ZIP code) iza Bellingh	am, WA	98225	**************************************			
I declare under per owner(s) of this ma	nalty of perjur anufactured h	y under the ome and the	laws of the state of foregoing informa	Washington that tion is true and c	t l'am/we orrect.	are the reg	istered
			X Fold Signature of X Town	registered owner and	title, if applic	Control of the Contro	
Notaristion Certific	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Nasungtin	additional registered	owner and tit	tle, if applicable	
0 140 140 140 140 140 140 140 140 140 14	ALC:	ัก เ	attested before me or Ocrt 0 . 2au	re by	Karer	L R	Dell
Seafor stamp) -	J. William J. J. William J. J. William J. Wi	Print rec	DEBORAH K. FLIC	<u> </u>	Jěvo:	owner	The Colonial Colonia
The 19-18			printed or stamped name	and	tary signatur	<u>8/19/11</u>	8
TD-420-729 (HINFINARA)	Por 3	Title	U	De	aler/county o		or notary expiration Jed on next page

4 Title Company Certification	n _		
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 ownersh	ip is true and correct ε	according to the real property records.
	<u>x</u>		
		nature	Date
Building Permit Office Cer	tification		
I certify that  the manufactured home has been			
a building permit has been issued	for this purpose and t		nspected upon completion.
PRINT or TYPE Name of person signing		Building permit office	Building permit number BP15 - 0350
Permit Tech	reicus	ownty 1	(Area code) Telephone number
	<u> </u>	00 10	
		nature J	Date
Signature of Legal Owner	<u>(s)                                    </u>		
Signature of legal owner indicates	consent for Eliminatio	n of Title or Removal	from real property.
		14-1	For North Coast Union
	<u>X</u>	7	le, if applicable Consumer lending magn
	Sigr	nature of legal owner and titl	le, if applicable Consumer Terms 5 105.
	<u></u> X∜ Sign	nature of additional legal ow	ner and title, if applicable
The state of the s	_		
Notacization Certification,	State of WASHING	County of	DHATCOM
SION	Signed or attested before	re me on DULY	7,2015
E POTAN	by CHRISTIAN J		consumer Lending manager
(Seal of Stamp)  Walter  WASHING	Print legal owner name	/	Print legal owner name
The Court of 2 =	FAM 7. FUE	DNIAINE_///	Notary sometime
1 1 29.18 minuted C =	Notary printed or stamp	and	4-29-18
WASHINGTON	Title	The state of the s	Dealer/county office number or notary expiration
Land Desemption			
Legal description of land			
PARCEL A:			
The South 165 feet Government Section 7, Township 35 north,			
Situated in Skagit County, Was	shington.		
PARCEL B:			
The South 165 feet of the West 7, Township 35 north, Range 5			he Northwest Quarter of Section
Situated in Skagit County, Was	shington.		

Manuractured	nome (PO/Plate n	umber (from Section	1)		<del></del>	
Joaler R	eport of Sale - S	elling dealer complete	this section			
PRINT OF TYPE	ealer name	11		Washington dealer number		
I a.	estgate	Hones	tre	40	45	
Date of sale	Pu	rchase price	Tax jurisdiction/Tax rate			
		70.000		£2		
☐ Sales Tax I	Exempt - Sale to a (	Certified Tribal membe	r on the reservatio	n (attach notarize	d statement of delivery).	
Loortify that th	hio information is on	rrect. The manufacture	d home is clear of	anaumbranasa a	voort on obour	
	sales fax has been (		iu nome is clear of	encumbrances e.	kcepi as snown.	
Any required	SaleS lax (las Deel) (		$\overline{}$			
		. Y				
	The state of the s	6	aler authorized signatur	,		
9 County A	uditor/Agent Lic	ensing Office App	roval (not for use	by subagents)		
PRINT O TYPE						
I cartify that the	he above application	appears to be comple	nted correctly and	the applicant has	cufficient	
documentatio	n to proceed with th	e recording of this form		Deey	Date	
10 Title Fee	8			<del></del>		
Filing fee	Application	Mobile Nome fee	Elimination fee	Use tax	Subagent fees	
					Total fees and tax	
<b></b>			77			

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