201909200049

09/20/2019 10:17 AM Pages: 1 of 3 Fees: \$105.50 Skagit County Auditor

RETURN RECORDED DOCUMENT TO:

WASHINGTON STATE DEPARTMENT OF LICENSING		factured Application			ase check one:		
For full instructions on comple Application Instructions, form	□Tr	☑ Title Elimination ☐ Transfer in Location ☐ Removal from Real Property					
1 Manufactured Home							
Title purpose only (TPO)/Plate no.		_ 1			le identification no. (VIN)		
2 Land				•			
Manufactured home will be ✓ Affixed ☐ Removed	Real property Tax parcel no	P104058	Legal	description on	page 2		
Lot Block		ame or Section/Town	5515		Quarter/Quarter section		
3 Grantor(s) Registere							
County no No. r	egistered owners	No. legal owners	Grantee nam	ne (if applicable)			
Name of registered owner JEFFREY ROGERS					Washington driver license or UBI no. ROGERJA380CM		
Name of additional registered owne	r			Washii	ngton driver license or UBI no.		
Address (Address, City, State, ZIP of							
10527 FARM TO MARK	ET RD MOU	T VERNON	WA 98273				
Name of legal owner					Washington driver license or UBI no.		
Name of additional legal owner					Washington driver license or UBI no.		
Address (Address, City State, ZIP c	ode)						
I certify under penalty of per owner(s) of this manufacture	rjury under the la	ws of the state foregoing infor	of Washington	on that I am/we e and correct.	e are the registered		
9-19-19 MTVexINO	u	X // cf	1/1/	7			
Date and place (city or county) signs	ed	Registered own	ner signature		Title, if signing for a business		
Date and place (city or county) signe	ed	Registered own	ner signature	01.	Title, if signing for a business		
Notarization/Certification	State of	WH	, County o	of SKagi			
SKAGIT COUN (Seal or stamp) AUDITOR VLR 2901	by Jef	attested before me LYPL PDC istered owner name DIEUR COC irinted or stamped na	lers Ibois	by Print egister Notary signa	red owner name Wold BO		
	Title	VLB		and	<u> </u>		
TD-420-729 (R/8/16)WA Page 1 of 3	1108			beater/ coun	ty office number or notary expiration Continued on next page		

Manufactured home TPO/Plate nur Title Company Certificatio								
PRINT or TYPE Name of person signing		Title company name						
Thirt of the English of polosin signing		The company name						
Position			(Area code) Telephone no.					
I certify that the legal description of t	he land and ownershir	o is true and correct a	ccording to the real property records.					
Today that the logal docomplion of the			occiding to the real property seconds.					
	X Signature	<u> </u>	Date					
Plantagraph Description Committee			Date					
Building Permit Office Cert I certify that	incation .							
the manufactured home has bee	n affixed to the real pr	operty as described.						
a building permit has been issued			nspected upon completion.					
PRINT or TYPE Name of person signing		Building permit office						
Brannon Me Nellis	<u> </u>	Skagit MDS	94-1708					
Position Permit Technicia			(Area code) Telephone no.					
TOTAL TECHNOLOGY		= Na 0	1 - 0 20-19					
	Signatura		9-20-17 Date					
G 0:	Signature							
6 Signature of Legal Owner								
Signature of legal owner indicates of NOTARY PUBLIC	onsent for Elimination	of Title or Removal f	rom real property.					
STATE OF WASHINGT								
BRANNON McNELLIS		er stignstrure	Title, if signing for a business					
License Number 206478	<u>x</u> '							
My Commission Expires 03-28-2	2023 Legal owner	er signature	Title, if signing for a business					
Notarization/Certification State of Washington, County of Skagit								
	Signed or attested before	me on 9-20	-19					
	T-15-21	7						
(Seal or stamp)	Print legal owner name	by _	Print legal owner name					
	Notary printed or stampe		Harv signature					
	Permit Tech	niclan and	3-28-2023					
	Title		Dealer/county office number or notary expiration					
7 Land Description								
Legal description of land								
LOT 1, SHORT PLAT NO. 93-0	129 APPROVED SI	EPTEMBER 27, 199	93 RECORDED SEPTEMBER					
28, 1993, IN BOOK 10 OF SHC								
9309280113, BEING A PORTIC								
QUARTER OF SECTION 28, T								
QUARTER OF SECTION 28, 1	OWNSHIP 35 NO	KIH, KANGE 5 EF	331, W.IVI.					
SITUATE IN THE COUNTY O	ነር የሆለር፤ጥ የጥላጥ፤	COEMACHINOTO	ONI					
SITUATE IN THE COUNTY C	T SKAGII, SIAIF	OF WASHINGIC	JIN.					

Manufactured	home TPO/Plate nu	mber (from Section a	this section					
B Dealer R		this section	Washington dealer no.					
Date of sale	Put	chase price	Tax juris	Tax jurisdiction/Tax rate				
☐ Sales Tax	Exempt – Sale to a C	ertified Tribal member	on the reservation	(attach notarize	d statement of delivery).			
I certify unde manufactured	er penalty of perjury u d home is clear of end	nder the laws of the si cumbrances except as	ate of Washington shown. Any requi	that this informa red sales tax has	tion is correct. The s been collected.			
Date and place (city or county) signed Dealer authorized signature								
2 County	Auditor/Agent Life	ensing@ffice App	roval (not for use	by subagents) _				
PRINT OF TYPE			County office/VFS of	County office/VFS operator no.				
I certify that i documentation	the above application on to proceed with the	appears to be comple e recording of this form Signature	Muci	the applicant has	s sufficient Date			
10 Title Fe	es							
Filing fee	Application	Mobile home fee	Elimination fee	Use tax	Subagent fees			
	- <u> </u>		-1.	1	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