07/14/2023 01:20 PM Pages 1 of 3 Fees \$205.50

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ieuro vidoncy, v						
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					2	<u> </u>
WASSING	STON STATE DEPARTM	EFNT OF	Manufa	ctured Hom	e Ple	ase check one:
CL LIC	ENSI	ν̈́Ğ	App	olication	☑ Ti	tle Elimination
or full instructions	on complet	ing this fon	n,	TD 400 700	= ***	ansfer in Location
ee Manufactured		cation Instr	uctions, form	1D-420-730.	L Re	emoval from Real Property
Manufactur						0.000
Title purpose only (1	rpo)/Plate no		Make	Length/Width (feet)	01910443	ification no. (VIN)
		1980	Skyline	56 x 24	01910443	
-Land Manufactured home	will be	Real propert				
✓ Affixed □ Re	moved	Tax parcel	no. 111569	Legal de	escription on	page
Lot	Block	I F	Plat name or Se	ction/Township/Range		Quarter/Quarter section
3				S 02, T 35N, R 04E	W.M.)	NE/
Manufactured home	e physical loca	ation (Street	address, City,	State, ZIP code)		Is location mobile home park
22398 Grip Roa	id, Sedro V	Voolley, W	/A 98284			Yes 2 No
	Registered	/Legal 0	wner(s)-Ad	ditional names on pa	ige	
County no.	No. re	gistered ow	ners No. legal	owners Grantee name	e (if applicable)
2901	2		2		- η	
Name of registered o						ashington driver license or UBI no. VDL7PZB5263B
William Richar				Ownership Joint topor		ashington driver license or UBI no.
Name of additional Susan Denise E		mer		Ownership-Joint tenar w/right of survivorship	133	VDL2B2S3233B
				(JTWROS) Yes	: ∐ No I -¥'	- PERDEPORTOR
	City Ctota 7	Doodol				
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Title Company Certifi				
PRINT or TYPE Name of persor	signing	-	Title company name	
Position				(Area code) Phone number
I declare that the legal descrip	tion of the land a	nd ownersh	in is true and correct a	according to the real property reco
r doord of that the logar doors			,	
		X Signature	<u> </u>	Date
-Building Permit Offic	e Certification	n		
I certify that	· · · · · · · · · · · · · · · · · · ·			
the manufactured home h	as been affixed to	o the real pr	operty as described.	enected upon completion
a building permit has been		rpose and tri	e attachment will be in	Building permit number
PRINT or TYPE Name of person signing			Sullaing permit office	B000 - 0687
Position		DUGOIT L NO	(Area code) Phone number	
Permit Treb	oician			360-416-1320
POVINIT IFCIA	HCI WI			<u> </u>
		XYU	collecin	1.10.23
		Signature		Date
Signature of Legal O	wner(s)			
Signature of legal owner indi	cates consent for	r Elimination	of Title or Removal t	from real property.
Signature of legal owner indi	bates consent for	Liiiiiiiauoi	of the of temovari	non real property.
••		X		
		Legal own	ter signature	Title, if signing for a busi
	×	X		
		Legal own	er signature	Title, if signing for a busi
Notarization/Certification	State of		, County of	
	Signed or at	ttested before	me on	
(Cool or etamp)	hv		by _	
(Seal or stamp)	by Print lega	l owner name	P	rint legal owner name
	Notary pri	inted or stampe	d name	otary signature
•	Title		and =	Pealer/county office number or notary expir
Land Description				
Land Description Legal description of land		Α,		
Legal description of land	 ГРІДТ 96-030	RÉCORD	ED AF#970428000	6: BEING A PORTION OF
Legal description of land (5.0000 ac) LOT 3 SHOR	F PLAT 96-030	RECORD	ED AF#970428000	6; BEING A PORTION OF
Legal description of land (5.0000 ac) LOT 3 SHOR' LOT 4 SHORT PLAT 21-	Г PLAT 96-030 83 AF#8305310	RÉCORD 0018, SECT	ED AF#970428000 TON 1, TOWNSH	6; BEING A PORTION OF IP 35 NORTH, RANGE 4
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B Dealer Re	ort of Sale-S	Selling dealer complete the	nis section			
PRINT or TYPE	Dealer name		-	W	ashington deal	ler no.
Date of sale		Purchase price		Tax jurisdiction/Tax rate		
Sales Tax Ex	empt-Sale to a	Certified Tribal member of	on the reser	vation (at	tach notarize	d statement of delivery).
		y under the law of Wash except as shown. Any re				
		X				
Date and place (c	the or county) cians	Dogler ou				
maio and piece (c	aty or country) signi	eu Dealei ai	thorized sign	ature		
	,,,	icensing Office Appl			subagents)_	
	ditor/Agent L			or use by		02
PRINT or TYPE I	ditor/Agent L	icensing Office Appli Hele UM tion appears to be completed	County offi	or use by ce/VFS o	perator no.	o2 as sufficient
PRINT or TYPE I	ditor/Agent L	icensing Office Appl HALL WM	County offi	or use by ce/VFS o	perator no.	as sufficient
PRINT or TYPE I	ditor/Agent L	icensing Office Appli Hele UM tion appears to be completed	County offi	or use by ce/VFS o	perator no.	as sufficient TIM 23 Date
PRINT or TYPE I	ditor/Agent L	tion appears to be completed recording of this form	County offi	or use by ce/VFS o	perator no.	as sufficient Thy 3 Date
PRINT or TYPE I I declare that the documentation	ditor/Agent L	tion appears to be completed recording of this form	County offi	or use by ce/VFS o	perator no.	as sufficient Type Date Subagent fees

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