



200503310016

Skagit County Auditor

RETURN ADDRESS

Land Title Company

P.O. Box 445

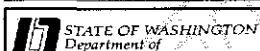
Burlington, WA 98233

Escrow No. 114856-PE

3/31/2005 Page

1 of

3 9:10AM

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

- ☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ REMOVAL FROM REAL PROPERTY

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 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER #113467	YEAR 1990	MAKE OAKMA	LENGTH/WIDTH(FEET) 44 X 26	VEHICLE IDENTIFICATION NUMBER (VIN) 06910801ZAB
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER

P103410

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER

Tony Howell

NAME OF ADDITIONAL REGISTERED OWNER

Kym Eldridge

ADDRESS 38066 Ammons Road	CITY Concrete	STATE WA	ZIP CODE 98237
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NAME OF LEGAL OWNER

Argent Mortgage Company, LLC

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS P.O. Box 5047	CITY Rolling Meadows,	STATE IL	ZIP CODE 60008
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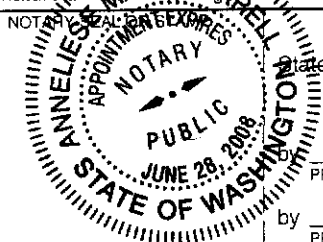
GRANTEE

NAME

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SKAGITSigned or attested
before me on FEB 22/05

Tony Howell

PRINT NAME OF REGISTERED OWNER

Kym Eldridge

PRINT NAME OF REGISTERED OWNER

by Notary

DEALERSHIP POSITION/AGENT/NOTARY

Signature Anneliese Maria Farrell

NOTARY OR AGENT

Anneliese Maria Farrell

PRINTED NAME OF NOTARY

County/Office No. OR 6/28/08

AND: Dealer No. OR

Notary Expiration Date

4 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME (TYPED OR PRINTED) ANNE LIESE MARIA FARRELL	TITLE COMPANY / PHONE NUMBER LAND TITLE CO. (360) 707-2312
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SIGNATURE / POSITION Anneliese Maria Farrell	DATE 3-1-05
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Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that: ☒ the manufactured home has been affixed to the real property as described.
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) TISH CAMPBELL	BLDG PERMIT OFFICE / PHONE # SKAGIT COUNTY PLANNING 9410	BLDG PERMIT # #24442
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SIGNATURE / POSITION Tish Campbell, Permit Technician	DATE 02/11/05
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6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of Washington
County of _____Signed or attested
before me on _____by SEE ATTACHED
PRINT NAME OF LEGAL OWNERSignature _____
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 3, Short Plat No. 90-72, approved March 11, 1991, recorded March 22, 1991, in Volume 9 of Short Plats, page 332, under Auditor's File No. 9103220022, records of Skagit County, Washington; being a portion of the Southwest 1/4 of the Northwest 1/4 of Section 16, Township 35 North, Range 7 East, W.M.

Situate in the County of Skagit, State of Washington.

8 DEALER'S REPORT OF SALE

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN.
ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED)

WA DEALER NUMBER

DATE OF SALE

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

☐ **USE TAX EXEMPT** Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).**9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)**

I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME (TYPED OR PRINTED)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

10 TITLE FEES

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES & TAX

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, p.

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Orange

SS.

On 2-24-05

Date

before me, D. Salazar Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Destinee Huffman

Name(s) of Signer(s)

- ☐ personally known to me
☐ 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 in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer

Signer's Name:

- ☐ Individual
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here



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