BOOK 21/2 PAGE 470

FILE FOR FECORD
SKAPPE OF WASH
BY BEN STEELING

and the second s

Nov 2 2 48 FM 'OI Invessed Ben Sizemore 1342 Tront Creek Rd AULITOR GARY H. OLSON Caison WA 98610 HOUSE IN radirect STATE OF WASHINGTON MANUFACTURED HOME TITLE ELIMINATION **APPLICATION** TRANSFER IN LOCATION PREMOVAL FROM REAL PROPERTY Anyone who knowingly makes a false statement of a material fact is guilty LIREMOVAL FRO of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210) MANUFACTUREDHOME 79672 2 LAND PERTY TAX PARCEL NUMBER MANUFACTURED HOME WILL BE AFFIXED REMOVED PLAT NAME Hollen berry Short Plat GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE 98610 NAME OF ADDITIONAL LEGAL OWNER ADDRESS ZIP CODE GRANTEE State of (NOShing on)
IDO SOLEMNLY ATTEST UNDER PER ALTY OF PERJUPY 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 Signed or attested Signature 4 TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership is true and correct per the real property records IGNATURE / POSITION Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION the manufactured home has been affixed to the real property as described.

a building permit has been issued for this curpose and the attachment will be inspected upon completion. LDG PERMIT OFFICE/PHONE #

6 SIGNATURE											
SIGNATURE OF	LEGAL OW	NER INDIC	ATES CONS	ENT FO	R ELIMINA	TION OF T	TLE / REMO	AL FRO	M REAL P	ROPERTY	
Signat	ure of Legal C	wner and	Title, IF APPLI	CABLE			···				
Signature of Addi	tional Legal C	wner and	Title, IF APPLI	CABLE						_``\	
NOTARY SEAL	OR STAMP		NOTARIZ	MOITA	CERTIFICA	TION FOR	LEGAL OWN	ER(IS) SIC	NATURE		
		State of	Washington				Signed or atte		4	T.	
		1	County of .				_ before r	ne on			
		by				Sic	mature	. 1	P 4		
		PRINT	NAME OF LEGA	L OWNER			NOTARY	OR AGENT			
		by PRINT	NAME OF LEGA	LOWNED			METER NAME OF A				
		Title					INTED NAME OF N	ity/Office N	o. OR		
		DEAL	ERSHIP POSITIO				AND: Notar	Dealer N y Expiration	Date		
LAND DESCR	IPTION (A le	gal descr	lption of the I	and car	be obtaine	d from the	local County	Asstsso	r's Office		
a G fr	f the	rivie	50.0	10/0	nheiny	Chara	t Plat,		, 1	,	
Poek 9	045	Short	71015		(ag e 3	37.S	kamami	r Con	inky ř	he con ds	
					300				-	h.,	
DEALER'S RE			IC CORDECT	TOTA A 1071 A 41							
ANY REQUIRE	DONLESIA	X HAS BE	EN COLLECT	TED.	EHICLE IS (LEAR OF	ENCUMBRAN	ICES EXC	CEPTASS	HOWN.	
ALER NAME (TYPED	E (TYPED OR PRINTED)						WA DEALER NUMBER DATE OF SALE				
IRCHASE PRICE	TAX J	URISDICTIO	WTAX RATE D	EALER'S A	UTHORIZED S	GNATURE		<u>-</u>			
DUCETAY	EVENDT O	1-4	4000 4 - 11 4								
COUNTY AUD	TOR/AGENT	LICENS	NG OFFICE A	pppov	the reserva	tion (attach	notarized state	ment of c	lelivery).		
ertify that the abov	noiteoikiqae	appears to	have been con	pletedo	orrectly, and	the applica	nthescufficion	donuma	dedla de se		
rondialing of and	ioiiii.				on out y and		. 45			oceed with	
ME (TYPED OR PRIN	(TYPED OR PRINTED)						COUNTY OFFICENES OPERATOR NUMBER				
NATURE:	SW-111	JOEK .					70°01	ODATE			
CANGI	Oc 111	DS C						16	~ 2~^	ſ	
TITLE FEES									<u>~~</u>	<u>'</u>	
NG FEE	APPLICATIO	N	MOBILE HOME	FEE	ELIMINATION	FEE	USE TAX		SUBAGENT F	EES	
									TOTAL FEES	& TAX	
								L			
IMPORTAN'	T: Once	the applic	ation has be	en app	proved by t	he Count	y Auditor / V	ehicle			
	Licens	ing Office	a, take vour	applica	tion form t	the Co.	into Departir	or Office			
	your o	riginal ap	trie recordin	g rees m. obta	paid. If the in a certific	Recordii d copy o	ng Office reta of the recorde	ins d form		- 1	
ADE	LICANTS:									- 1	
AFF	LICANTS:	Manute	ecorded, you actured Hom ag subagents	e Appli	cation, pay	ing all re	lcensir - offi quired fees. \	ce to file Vehicle	the		
For full or Trans	instructions sfer in Loca	on comp tion, see	leting this fo form TD-420	rm for 0-730, I	Title Elimin Manufactur	ation, Re ed Home	moval from F Application	Real Pro	perty ons.		

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8885.

TD-420-729 MANUF HOME APPL (R/8/9P)OR Page 2 of 2