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12/04/2001 03:28P

ISLAND COUNTY AUDITOR MTE

RETURN ADDRESS

CHARLES/MARY AUS

1590 SW FT. NUGENT AVENUE

OAK HARBOR WA 98277

379590 ✓ $9-

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

- [X] 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
@95681	1970	HILLC	60 X 12	HA3154D

2 LAND

LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: S6305-00-00031-0

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
31		CAMPO HACIENDA DIV NO. 1	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	2

NAME OF REGISTERED OWNER: AUS, CHARLES A.,

NAME OF ADDITIONAL REGISTERED OWNER: AUS, MARY S.

ADDRESS	CITY	STATE	ZIP CODE
1590 SW FORT NUGENT AVE	OAK HARBOR	WA	98277

NAME OF LEGAL OWNER: SAME AS REGISTERED OWNERS

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE

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 Charles A. Aus

Signature of Additional Registered Owner and Title, IF APPLICABLE Mary S Aus

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of ISLAND

Signed or attested before me on 12-3-01

by CHARLES A. AUS (PRINT NAME OF REGISTERED OWNER)

by MARY S. AUS (PRINT NAME OF REGISTERED OWNER)

Signature Kathleen M. Huizenga (NOTARY OR AGENT)

KATHLEEN M. HUIZENGA (PRINTED NAME OF NOTARY)

Title NOTARY PUBLIC (DEALERSHIP/POSITION/AGENT/NOTARY)

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6-3-02

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) | TITLE COMPANY / PHONE NUMBER

SIGNATURE / POSITION | DATE

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:
- [X] 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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
TRACY L. MARTY	360 679 7300 X7294	78-673

SIGNATURE/POSITION: Tracy L Marty, Admin Support — DATE: 8-8-01

Finaled 10/19

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 1 of 2

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 Charles A. Aus

Signature of Additional Legal Owner and Title, IF APPLICABLE Mary A Aus

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of ISLAND

Signed or attested before me on 12-3-01

by CHARLES A. AUS (PRINT NAME OF LEGAL OWNER)

Signature Kathleen M. Huizenga (NOTARY OR AGENT)

by MARY A. AUS (PRINT NAME OF LEGAL OWNER)

KATHLEEN M. HUIZENGA (PRINTED NAME OF NOTARY)

Title NOTARY PUBLIC (DEALERSHIP POSITION/AGENT/NOTARY)

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6-3-02

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

Lot 31, PLAT OF CAMPO HACIENDA DIV. NO. 1, according to the plat thereof recorded in Volume 10 of Plats, page 83, records of Island County, 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
Barbara Oleson	1502
SIGNATURE Barbara Oleson	**DATE** 12-4-01

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, please cal (360) 902-3600 or TDD (360) 664-8885.