

Return to: Continental Escrow Company
1601 William Way
Mount Vernon, WA 98273

MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:	9210200003
Year <u>1992</u> Make <u>WYNDHAM</u> Width <u>28'</u> Length <u>64'</u>	
Vehicle Identification Number <u>11816971</u>	
Registered Owners: Names <u>ALDRIDGE, LINCOLN T. and ALDRIDGE, MICHELLE R.</u>	Signatures' <u>[Signatures]</u>
Legal Owners: Names <u>CONTINENTAL SAVINGS BANK</u>	Signatures' <u>[Signatures]</u>

¹SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/IS BEING AFFIXED.

Land to Which Manufactured Home is Being Affixed:	
Property Tax Parcel Number <u>4142-005-009-0100</u>	
Legal Description <u>Lot 9, Except the East 5 feet thereof, Block 5, "North Park Addition to Clear Lake, Washington", as per plat recorded in Volume 4 of Plats, Page 16, records of Skagit County, Washington. Situate in Skagit County, Washington.</u>	
Owners' Names <u>ALDRIDGE, Lincoln T. & Michelle R.</u>	Signatures' <u>[Signatures]</u>

²SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY USED ABOVE.

Building Permit Office Certification:	
I certify that the manufactured home has been affixed to the real property as described above and/or building permit number <u>24392</u> has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.	
<u>Nancy Hersten</u> Sk. Cty Permit Ctr. <u>6-9-92</u>	DATE
NAME SIGNATURE BLDG. PERMIT OFFICE	PHONE NUMBER <u>336-9450</u>

RECORDED REQUEST FOR LLLU 92 OCT 29 8:58 AM 336-9450 JERRY M. BURT SKAGIT COUNTY AUDITOR

County Auditor/Agent Licensing Office Approval: (Not for use by subagents)	
I certify that the above application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form.	
<u>Rosilyn Spray</u> <u>2901</u> <u>10-19-92</u>	OFFICE/CAAP OPERATOR NUMBER DATE
NAME SIGNATURE	

Recording Office:	
I certify that this form has been recorded in the county records.	
<u>Cheryl Jungquist</u> <u>Skagit</u> <u>10/20/92</u> <u>9210200003</u>	NAME SIGNATURE COUNTY DATE RECORDING NUMBER

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.