

CONTINENTAL ESCROW COMPANY
2204 RIVERSIDE DR., SUITE 100
MOUNT VERNON, WA 98273

Land Title Co.
T-70925

MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:		9308040124	
Year	1984	Make	FLEETWOOD
Width		Length	
Vehicle Identification Number		S861172	
Registered Owners:		X Steven E. Hoeft	
Names	STEVEN E. AND LYNN T. HOEFT	Signatures	X Lynn T. Hoeft
Legal Owners:		Photo	
Names	CONTINENTAL SAVINGS BANK	Signatures	
<small>*SIGNATURES 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.</small>			

Land to Which Manufactured Home is Being Affixed:	
Property Tax Parcel Number	360420-2-002-2109
TRACT 4 OF SKAGIT COUNTY SHORT PLAT NO. 94-79, APPVD 8-30-79, RECORDED SEPT. 6, 1979, LEGAL DESCRIPTION UNDER AUDITOR'S FILE NO. 7909060005, IN VOL 3., OF SHORT PLATS, PG 175, A PORTION OF THE N 1/2 OF THE NW 1/4 OF SECTION 20, TOWNSHIP 36 N, RANGE 4 E, W.M. & of the S. 1/2 OF SW 1/4 of Sect 17, TOWNSHIP 36 N, RG 4 E. W.M. X Steven E. Hoeft	
Owners' Names	STEVEN E. & LYNN T. HOEFT
Signatures	X Lynn T. Hoeft
<small>*SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY USED ABOVE.</small>	

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 26437 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.			
NAME	SIGNATURE	BLDG PERMIT OFFICE	DATE
David Graham	David Graham	Skagit County Permit Center	5/14/93
			(206) 336-9412

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.			
NAME	SIGNATURE	OFFICE/CAAP OPERATOR NUMBER	DATE
Anna Ramirez	Anna Ramirez	29-01-07	8-4-93

Recording Office:			
I certify that this form has been recorded in the county records.			
NAME	SIGNATURE	COUNTY	DATE
Cheryl Jungquist	Cheryl Jungquist	Skagit	8/4/93
			9308040124
			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.